## Appendix B

Name:

## **Township of North Kawartha Complaint Form**

Phone number:

## **Complainant Information:**

Address:	Email / Fax:
Affiliation (if any)	
Details/description: (include details of what involved, what was said or done, or not done	happened, where did this happen, who was e, resolution being sought)
(additional page / information may be attach	ned)
All complaints or concerns received by Massigned to the applicable Department H	Junicipal Staff will be forwarded to the Clerk and lead.
	lures is available on the website, at the Township request by emailing reception@northkawartha.on.ca
Administrative Information:	
Complaint Received by:	
Date: (year / month / day)	Time:
By:	
Person □ Telephone □ Mail □ Email □	Fax
Assigned to:	Tracking No. Assigned: 2016 -
Date: (year / month / day)	Time:

Personal information you choose to provide on this form is collected under the authority of Section 227(c) of the *Municipal Act, 2001*, S.O. 2001, c. 25. The information will be used to confirm your consent under Section 32(b) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 to disclose information relating to your complaint to the third party you identified. Questions about this collection can be directed to the Clerk at Telephone no. 705-656-4445 ext. 234 or <a href="mailto:c.parent@northkawartha.on.ca">c.parent@northkawartha.on.ca</a>

Corporate Customer Complaints Policy A09-C1