322 Main St. S., P.O. Box 759,
Exeter ON N0M 1S6
www.southhuron.ca
Phone: 519-235-0310

Schedule "A" to Policy #02-2016 – Complaint Form

Contact Information	
Your Name:	
Home Phone:	Cell Phone:
Mailing Address:	
Email:	
Please indicate how you would like us to contact you regarding your complaint. ☐ Email ☐ Home phone ☐ Cell phone ☐ Mail	
Please outline your complaint, including relevant dates, times, location and background information that might include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etcetera.	

How do you suggest the situation be improved or complaint resolved?	
Office use only	
Complaint #	
Received by:	Date:
Forwarded to:	Date:
☐ Acknowledge Complaint Rec'd by ☐ Letter ☐ Email ☐ Telephone Date sent: _____ Staff name: _____	☐ Additional correspondence Date sent: _____ Staff name: _____
Action Taken	
☐ Final Decision Notice Date sent: _____ Staff name: _____	Copies filed with Clerk: ☐ Initial complaint ☐ Acknowledgement communication ☐ Additional correspondence ☐ Final Decision Notice

Thank you for taking the time to express your concern.
Please contact the Clerk if you have any questions about this process at:
519-235-0310 ext. 227 or toll free 1-877-204-0704

Personal information on this form is collected, used and disclosed in a confidential manner in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of addressing your complaint and improving program and service delivery issues where possible.

Submit