



**MUNICIPAL COMPLAINT/ISSUE FORM**

Your Name			
Address			
Phone Number:			Email:
<p>Please outline your complaint/issue, 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, etc.</p>			
<p>How do you suggest the situation be improved or complaint resolved?</p>			

<b>OFFICE USE ONLY</b>			
Complaint #			
Received By:		Date:	
Forwarded To:		Date:	
<input type="checkbox"/> Acknowledgment Letter Date Sent: _____ Staff Name: _____		<input type="checkbox"/> Additional Correspondence Date Sent: _____ Staff Name: _____	
Action Taken:			
<input type="checkbox"/> Final Decision Letter Date Sent: _____ Staff Name: _____		Copies filed with Clerk: <input type="checkbox"/> Initial Complaint <input type="checkbox"/> Acknowledgment Letter <input type="checkbox"/> Additional Correspondence <input type="checkbox"/> Final Decision Letter	

Thank you for taking the time to express your concern(s). We will provide a response within thirty (30) calendar days of receiving your complaint. If you have any questions about this process, please contact the Clerk 519-848-3620 ex 4227 or [kwallace@wellington-north.com](mailto:kwallace@wellington-north.com)