



Complaint Form

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River

Date Received:	Referred to:
Action taken:	

Application submitted to : The Corporation of the Town of Blind River

A. Person Making Complaint

Name:	
Address:	Phone:

B. About Your Complaint:

Please set out the details of your complaint, including dates of incident or event if appropriate, with copies of any relevant documents. If you need more space, please continue on separate sheet of paper and attach to the form.

C. Declaration:

I declare that the information given in this form is true.

Sign:

Date:

Notes: In order to investigate your complaint fully, any members of staff mentioned in the complaint will be made aware of the issues you have raised and will have an opportunity to comment on them.