



Correspondence and Complaint Form

We Want to Hear from You

Please know that you are utmost importance to us, a response will be sent to you as soon as possible.
Should you have any questions or further concerns please feel free to contact us.

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

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

For use by the Town of Blind River		Reference #	
Date Received:		Referred to:	
Action taken:		Concern Received:	<input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Phone

Complaint Classification :	<input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Parks & Rec <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Public Works. <input type="checkbox"/> Water Dept. <input type="checkbox"/> Tax Dept. <input type="checkbox"/> Building, Planning & By-Laws Dept.
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A. Contact Information

Name:			
Address:		Phone:	

B. Details:

Please describe the particulars of your complaint or concern, if more space is needed continue on back of form.

C. Declaration:

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

Date: _____

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