



COMPLAINT DATE RECEIVED _____

Township of Georgian Bluffs Complaint Form

Name: _____

Telephone Number: (Home) _____

(Work) _____

(Cell) _____

Mailing Address: _____

Email Address: _____

What is your complaint? Please include relevant details, location, and background information, including the Georgian Bluffs employees you have contacted regarding this matter. Additional space is available on the back of this form.

Please provide the name of the Department Manager you spoke with: _____

How could this situation be improved?



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Additional Information:

Office Use Only:	File Number: _____
Received by: _____	
Forwarded to: _____	
Acknowledgment of Receipt of Complaint:	
Sent Date: _____	
Employee Name: _____	
<hr style="border-top: 2px dashed black;"/>	
Action taken: _____	

Final Response to Complaint: _____	
Sent Date: _____	
By Staff Name: _____	