



## Complaint Form

<b>Complaint Number:</b>	
--------------------------	--

Please Note that anonymous complaints cannot be accepted nor investigated

### Contact Information

Date (yyyy-mm-dd)		
Name of complainant (first, last)		
Address		
Municipality	Province	Postal Code
Home phone no.	Business phone no.	Mobile no.
E-mail		

The information that you provide is collected under the authority of the *Municipal Act, 2001* and will be used to investigate the complaint and may be used for contact purposes. While investigating your complaint, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, the County of Perth will only disclose your personal information to staff who require the information to perform the investigation.

Your personal information will not be shared with anyone else unless you provide written consent for such sharing or where the County is compelled by law to do so.

## Summary of Complaint

Please record information on what happened, who was involved, dates, and times. Be as detailed as possible to assist in the investigation. Please attach any documents that are relevant to the complaint.

Details
Service Area or Location of Problem
Staff Involved (if known and applicable)
List of Additional Documents (if any documents are being included in support of complaint)
Desired Outcome (e.g. explanation, apology, education and training for staff, compensation, disciplinary action, other)