

Township of Mapleton 7275 Sideroad 16, P.O. Box 160, Drayton, ON N0G 1P0

Phone: 519.638.3313 Fax: 519.638.5113 www.mapleton.ca

## **PUBLIC COMPLAINTS FORM**

## **INSTRUCTIONS**

If you wish to lodge a complaint, you may write your own letter or use this form.

Please complete as many areas as you can and provide as much detail and information as possible.

You must provide full contact information including your full name, address and telephone number where you can be reached during regular office hours.

Complaints must be made in writing (letter, fax, email) or in person at the Township office to complete the complaints form.

All complaints will be received courteously, investigated and acted upon fairly. You should be aware that while the Township of Mapleton makes every effort to assure privacy of the complainant, you may be required to present evidence in support of this complaint at any hearings of Appeals Committee or Court of Law of Ontario.

Last Name of Complainant	First Name	
Address (civic address and mailing address)		
Contact Telephone Number(s)		
(home)		(other)
Complaint Lodged Against/Location of Complain	<u>nt:</u>	
Address:	Name:	
Date of Offence:	Time (if applicable)	
Nature of Complaint		

I hereby make this statement of complaint believing it to be purpose.	e true and for no improper or vexatious
I hereby further declare that if required, I will provide or present at any hearings of Appeals Committee or Court of Law of Onta	
Date Signature	of Complainant
In accordance with the Municipal Freedom of Information and information is collected under the Authority of the Municipal A will only be used for the purposes for which the information we	Act (or other applicable legislation) and
ACTIONS TAKEN BY MUNICIPALITY	
TYPE OF COMPLAINT: Property Standards: Zoning Compl Mail Box: Other:	
Date Received: Received by:	(Employee Name)
Entered into Complaints Log: (Initials)	
Forwarded to Department Head for Action: (Name of Disposition:	Department Head)
Written Follow up to Complainant:	
Date of Final Disposition:	

Signature of Department Head or Employee \_\_\_\_\_\_