CORPORATION OF THE TOWNSHIP OF DAWN-EUPHEMIA

4591 Lambton Line, RR # 4, Dreden, Ontario N0P 1M0
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Customer Complaint Form

A. Complainant Information	
Name:	Initials of Person Taking Complaint:
Address:	
City/Town:	Postal Code:
Box#:	Phone:
Date of Complaint:	Email:
Signature of Complainant:	
(check one of the following if signature is not applicable): ☐ Verbal complaint ☐ Email ☐ Refuse to Sign ☐ Unable to Sign ☐ Other	
B. Complaint Type	
☐ Access of Services ☐ Programs ☐ Facilities ☐ Staff Conduct ☐ Outcome of Existing Complaint ☐ Timeliness of Services ☐ Processes or Procedures ☐ Other	
C. Nature of Complaint	
Please outline your complaint/issue, including relevant dates, times, location and background information that might include municipal employees you have contacted to resolve the complain, witnesses to the incident, photographs, etc. If there is not enough space to describe the complaint, attach extra paper.	
D. Suggestions	
How do you suggest the situation be improved or complaint resolved? _____	
OFFICE USE ONLY	
Results of Investigation: _____	
Action Taken: _____	
Date complainant contacted with the results of the investigation and action taken: _____	
Initials of person investigating Complaint: _____ File Closed: _____	