



**CORPORATION OF THE TOWNSHIP OF DAWN-EUPHEMIA**

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

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**Customer Complaint Form**

<b>A. Complainant Information</b>	
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):	
<input type="checkbox"/> Verbal complaint <input type="checkbox"/> Email <input type="checkbox"/> Refuse to Sign <input type="checkbox"/> Unable to Sign <input type="checkbox"/> Other	
<b>B. Complaint Type</b>	
<input type="checkbox"/> Access of Services <input type="checkbox"/> Programs <input type="checkbox"/> Facilities <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Outcome of Existing Complaint	
<input type="checkbox"/> Timeliness of Services <input type="checkbox"/> Processes or Procedures <input type="checkbox"/> Other	
<b>C. Nature of Complaint</b>	
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.	
<b>D. Suggestions</b>	
How do you suggest the situation be improved or complaint resolved? _____	
<b>OFFICE USE ONLY</b>	
Results of Investigation: _____	
Action Taken: _____	
Date complainant contacted with the results of the investigation and action taken: _____	
Initials of person investigating Complaint: _____	File Closed: _____