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| <b>How do you suggest the situation be improved or comment/issue resolved?</b>   |              |
|  |              |
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|  |              |
|  |              |
| <b>Commenter Signature:</b>  |              |
| <b>How comment was received?</b>   |              |
| <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Social Media |              |
| ** <u>Attach proof</u> i.e. print out of e-mail ,social media comment etc.   |              |
| ** <u>If comment is received by phone</u> , repeat information back to caller.   |              |
| <b>OFFICE USE ONLY</b>   |              |
| <b>Comment Received by</b><br>(Signature of staff): _____  | <b>Date:</b> |
| <b>Forwarded to:</b>   | <b>Date</b>  |
| <b>ACTION TAKEN</b>  |              |
|  |              |
|  |              |
|  |              |
| <b>Staff signature:</b> _____ <b>Date:</b> _____   |              |
| <b>Copies filed with Clerk:</b>  |              |
| <input type="checkbox"/> Initial Comment <input type="checkbox"/> Additional Correspondence (if any)                                   |              |

**Thank you for taking the time to express your concern(s). Please contact the Clerk if you have any questions about this process at: (519) 882-2350.**

**Personal information on this form is collected, used and disclosed in a confidential manner in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of addressing your complaint and improving program and service delivery issues where possible.**