

Municipality of Grey Highlands COMPLAINT FORM



Complaint No: _____
Date Received: _____
Priority: _____

PROPERTY: _____

REGISTERED OWNER(S): _____

PHONE #: _____

SUBJECT: _____

COMPLAINANT: _____

PHONE # _____

ADDRESS: _____

WILL TESTIFY IN COURT _____

YES OR NO _____

SIGNATURE: _____

Note: Your name will not be released by this office. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Privacy Act.

FOR OFFICE USE ONLY

COMPLAINT RECEIVED BY: _____

METHOD

LETTER



IN PERSON



DEPARTMENT: _____

COMPLAINT FINALIZED (DATE) _____

COMPLAINANT INFORMED (DATE) _____