TOWNSHIP OF MANITOUWADGE
P.O. Box 910, 1 Mississauga Drive
Manitouwadge, ON P0T 2C0
(807) 826-3227

PUBLIC FEEDBACK FORM

Fields marked with an * indicates required information.	
Personal Information	
First & Last Name*:	P.O. Box Number*:
Address*:	
Telephone Number*:	Email*:
Feedback Type*: ☐ Positive ☐ Negative	
Event Information	
Event Date*:	Event Time*:
Event Location(s)*:	
Name of any municipal employee(s), if known:	
Please explain the nature and details of the event*	
Any collection of personal information is made under the authority of the *Municipal Act, 2001*. Personal information is collected in compliance with the *Municipal Freedom of Information and Protection of Privacy Act*. Personal information is collected for the purpose of following up on the complaint. Any questions about this collection should be directed to: Joleen Keough, Clerk, (807) 826-3227 ext: 223	
Signature of Resident:	**Date:**

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Office Use Only – To be Completed by the Clerk	
Date Received:	
Request clarification on event with Resident: ☐ Yes ☐ No Date: _____	
Action(s) Required: ☐ Refer Feedback to Department Manager/CAO/Council Date: _____ ☐ Letter of receipt to Resident Date: _____ ☐ Correspondence received from Department Manager/CAO/Council – Filed Date:_____	
Actions Taken:	
Resident Contacted: ☐ Yes ☐ No	Date Resolved:
Signature of the Clerk:	Date: