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

INQUIRY/ COMPLAINT FORM

Fields marked with an * indicates required information.	
Personal Information	
First & Last Name*:	P.O. Box Number*:
Address*:	
Telephone Number*:	Email*:
Type*: ☐Inquiry ☐ Complaint	
Event Information	
Nature of Inquiry/ Complaint:	
Event Date*:	Event Time*:
Event Location(s)*:	
Please explain the nature and details of the inquiry/complaint	
Name of the person submitting this report:	
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:	Date:

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Office Use Only – To be Completed by the MLEO	
Occurrence number: _____	
Taken: On Call ☐ Office ☐ Other ☐	
Date Received: _____ Time Received: _____	
Request clarification on event with Resident: ☐ Yes ☐ No Date: _____	
Action(s) Required: ☐ Refer Inquiry/ Complaint to Department Manager/CAO/Council Referred to: _____ Date: _____ Department: _____ ☐ Correspondence of receipt to Resident Date: _____ ☐ Correspondence received from Department Manager/CAO/Council – Filed Date: _____ ☐ Submitted documentation with the clerk Date: _____	
Actions Taken:	
Resident Contacted: ☐ Yes ☐ No	Date Resolved:
Signature of the MLEO:	Date:

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