

Municipality of South Dundas
34 Ottawa Street, PO Box 740, Morrisburg, ON KOC 1X0
Tel: 613-543-2673 Fax: 613-543-1076 southdundas.com

COMPLAINT FORM

Name of person registering complaint:			
Address:			
Date:	Telephone No.:	Other:	Time:
Description of Complaint:			
Signature:			
	location of the allege	d problem:	
ricuse maioate the	ocation of the unege	a problem.	
The problem occurre	ed on:		
event the case proc	nfidentiality is respec eeds through the cou for the Municipality.	rt system you may k	
Follow-up action tal	OFFICE	USE	File No.
Tollow-up action tar	Cerr.		THE NO.
Complaint received	by:	Dat	te: