Appendix "A"
Town of Latchford Complaint Form

How to Make a Complaint

The Town of Latchford is committed to continuous organizational improvement in an environment where all complaints are dealt with fairly in a respectful and transparent fashion. Complaints must be made in writing within seven (7) calendar days after the alleged event.

Complainant Contact Details

*Mandatory Field

First Name: *	Last Name: *
Email Address (This is the most prompt way we can communicate with you) *	
Physical & Mailing Address: * Note: If only a mailing address is provided, response timelines may be extended	Phone No.: * Note: Phone calls will only be made if clarification is required

Complaint Type

- ☐ Access of Services
- ☐ Staff Conduct
- ☐ Processes or Procedures
- ☐ Facilities
- ☐ Outcome of Existing Complaint
- ☐ Other
- ☐ Programs
- ☐ Timeliness of Services

Summary of Complaint

Please describe what happened, who was involved, dates and times. Be as detailed as possible. If there is not enough space to describe the complaint, attach extra paper.

Details *
Service Area/Location of Issue *

Staff Involved (if known and applicable)
List of Supporting Documents

Resolve

How do you suggest the complaint be resolved? *

Sign Off

Complainant's Signature: *
Date Submitted (mm/dd/yyyy): *

Timeline

The Clerk or designate will contact you to acknowledge this complaint within 5 business days after receiving this complete form. Further inquiries, investigation and resolution are expected within 30 days of receipt of this complaint. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted.

Notice of Collection

The personal information you choose to provide on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The information you provide will be used to investigate the complaint and may be used for contact purposes but is otherwise considered confidential. Questions about this collection can be directed to the Clerk, (705) 676-2416, or by emailing mrobinson@latchford.ca.

For Internal Use Only

Date Complaint Received: (mm/dd/yyyy)	Receiver's Initials:	Complaint No.