



**MUNICIPALITY OF TWEED**  
**Appendix B**  
**PUBLIC COMPLAINT FORM**

Please complete all sections providing as much detail as possible in order for your comments/concerns to be fully understood and appreciated.

You must provide full contact information where you can be reached during regular office hours including your name, address, telephone number, email.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Civic Address: \_\_\_\_\_

If no civic address,  
Legal Description  
of your property: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department you wish to contact: \_\_\_\_\_

**NATURE OF CONCERN(S):**

*(Please include relevant details such as the date, the time, and what the concern is.)*

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Statement of Concern:

I hereby make this statement of concern believing it to be true with no improper or vexatious purpose. I hereby further declare that, if required, I will provide or present evidence in support of this complaint.

\_\_\_\_\_  
Signature Date

*In accordance with the Municipal Freedom of Information and protection of Privacy Act, personal information is collected under the Authority of the Municipal Act (or other applicable legislation) and will only be used for the purposes for which the information was provided.*

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**ACTIONS TAKEN BY MUNICIPALITY:**

TYPE OF COMPLAINT: Property Standards: \_\_\_\_\_ Zoning Compliance: \_\_\_\_\_ Roads: \_\_\_\_\_

Mail Box: \_\_\_\_\_ Other: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Employee Name

Entered into Complaints File by: (Initials) \_\_\_\_\_

Forwarded to Department for Action: \_\_\_\_\_  
Name of Department Head Date

Acknowledgement sent to Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Final Disposition: \_\_\_\_\_

Final response/update to Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Head or Designate: \_\_\_\_\_