

Ingersoll Community Services Complaint Form

This form will be provided in alternative formats and/or with communication supports upon request.

Complainant Contact Information:

| | |
|-------------------|-----------|
| Complainant Name: | |
| Email: | |
| Home Phone #: | Mobile: # |

Complaint Details:

| | | |
|---|-------|-----------|
| My complaint concerns the following department: | | |
| <input type="checkbox"/> Aquatics <input type="checkbox"/> Arena <input type="checkbox"/> Fusion <input type="checkbox"/> Parks <input type="checkbox"/> Programs <input type="checkbox"/> Camp <input type="checkbox"/> Other: | | |
| Department Manager (if known): | | |
| Date of incident: | Time: | Location: |
| Describe accurately and in detail, the nature of your complaint: | | |
| Describe what actions can be taken to effectively deal with your complaint: | | |
| Describe what measures the Town can take to avoid a repeat of your complaint: | | |

Signature of Complainant

Date

Please return this form by email to **communityservices@ingersoll.ca**, by mail or in-person at 355 Wellington St. Ingersoll, ON N5C 1T2

Personal information submitted is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used solely for purposes related to the complaint, its investigation and/or any necessary follow-up with the complainant.

Ingersoll Community Services Complaint Follow-up Form – OFFICE USE ONLY

| | |
|---------------|----------------|
| Reviewed by: | Date Received: |
| Action Taken: | |

