



**CORPORATION OF THE VILLAGE OF SOUTH RIVER**

P.O. Box 310, South River, Ontario P0A 1X0

Phone: (705)386-2573 Fax: (705)386-0702

**COMMENTS / COMPLAINTS**

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

\_\_\_\_\_  
Street Address Phone Number

\_\_\_\_\_  
Mailing Address

**Nature of comment/complaint:**

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

\_\_\_\_\_  
Signature

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*FOR OFFICE USE ONLY*

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Time Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received by staff: \_\_\_\_\_ Forwarded to staff: \_\_\_\_\_ On date: \_\_\_\_\_

**ACTION TAKEN:**

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

**OUTCOME:**

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

Returned to municipal office on date: \_\_\_\_\_ By staff: \_\_\_\_\_

## **CORPORATION OF THE VILLAGE OF SOUTH RIVER**

### **Procedure for Staff**

1. Resident completes form, signs it and returns to municipal office staff.
2. Municipal staff initial, time and date form. indicate which department staff the complaint is being given to and the date it was forwarded.
3. Photocopy and file the 'copy' in the complaint book.
4. Forward the original to the applicable department.
5. Department staff note action taken and outcome of action/complaint, initial and date form. The original complaint form is returned to the municipal office.
6. Original form is filed and the copy is shredded.