

## **Staff Complaint Form**

Township of Essa 5786 County Road 21 Utopia, On L0M 1T0

Where Town and Country Meet

## **Complaint Information**

Last Name:	First Name:
Address:	
Phone Number:	Email:

## **Complaint Details**

Date of Incident (YYYY/MM/DD):	Time of Incident:
Location of Incident:	Date Reported (YYY/MM/DD):
Which employee is the complaint about:	Department (if known):
<b>Details of the Event:</b> (Describe the details of the incident you are complaining about (who, what, where, when, and why) including any steps that have been taken to resolve it)	

Details of the Event CONTINUED: Attach additional page(s) if necessary

## **Contact Information of Witness(es)**

Last Name:	First Name:
Address:	
Phone Number:	Email:

Signature:	Date:

Personal information on this form is collected pursuant to Section 11 (1) of the Municipal Act 2001, SO 2001, c. 25, and will be used for the purpose of administering the Public Complaints Procedure. Questions about this collection should be directed to: Office of the Clerk Township of Essa, 5786 Simcoe County Road 21, Utopia ON, LOM 1T0, 705-424-9917 ext. 116