



Complaint Submission Form for Complaints Regarding the Township of Armour

INSTRUCTIONS: Please submit the completed and signed Complaint Submission Form, including the Consent and Confidentiality Agreement, and copies of supporting documents to the Municipal Clerk by:

- regular mail to the Township of Armour, P.O. Box 533, 56 Ontario Street, Burk's Falls, Ontario, P0A 1C0
- fax to 1-705-382-2068 to the attention of the Municipal Clerk, or
- email (if scanned) to clerk@armourtownship.ca

*** indicates mandatory information**

Complainant Information		
*Last Name	*First Name	
*Mailing Address	*City/Town	*Postal Code
Email Address	*Phone #	Alternate Phone #1
Alternate Phone #2	Fax	
Best method and time to contact you: <ul style="list-style-type: none"> <input type="radio"/> Phone <input type="radio"/> Alternate Phone # 1 <input type="radio"/> Alternate Phone # 2 <input type="radio"/> Email <input type="radio"/> Morning <input type="radio"/> Afternoon 		
*Are you representing an organization/community group? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 		
If yes, please provide organization name		

Complaint Details

*Who is this complaint about? (please check one)

- The Township of Armour (the Municipality)
- Other _____

*If your complaint is about the Township of Armour, which Departments/Divisions and contacts have been involved with your complaint?

Building Services

- Administration
- Inspections
- Permits
- _____

Clerk's Department

- Administration
- Council, Committee
- By-law Services
- _____

Economic Development

Emergency Management

- Administration
- _____

Engineering and Construction

- Administration
- Design and Construction
- Infrastructure Planning
- Surveys and Engineering Records
- Parking
- _____

Financial Operations

- Administration
- Asset Management
- Financial Planning
- Fees
- Payroll and Benefits
- Revenue and Taxation
- _____

Fire Department

- Administration
- Fire Prevention
- Training
- _____

Human Resources

- Administration
- Health Safety and Wellness
- Organizational Development
- _____

Information Systems

- Administration
- Client Services
- Application Support
- Facebook Postings
- Website Postings
- _____

<input type="checkbox"/> Landfill / Environmental <input type="checkbox"/> Administration <input type="checkbox"/> Design <input type="checkbox"/> Tipping Fees <input type="checkbox"/> Refuse / Recycling <input type="checkbox"/> Signage <input type="checkbox"/> Wildlife <input type="checkbox"/> _____	<input type="checkbox"/> Legal	<input type="checkbox"/> Parks and Open Space <input type="checkbox"/> Administration <input type="checkbox"/> Park Operations <input type="checkbox"/> Cemeteries & Environmental Services <input type="checkbox"/> Beaches <input type="checkbox"/> Community Centres <input type="checkbox"/> _____
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<input type="checkbox"/> Planning Services <input type="checkbox"/> Administration <input type="checkbox"/> Committee of Adjustment <input type="checkbox"/> Current Planning and Heritage <input type="checkbox"/> Policy Planning <input type="checkbox"/> Design <input type="checkbox"/> Zoning <input type="checkbox"/> _____	<input type="checkbox"/> Recreation and Culture <input type="checkbox"/> Administration <input type="checkbox"/> Facility Operations <input type="checkbox"/> Parking <input type="checkbox"/> _____	<input type="checkbox"/> Roads Department <input type="checkbox"/> Administration <input type="checkbox"/> Capital Projects <input type="checkbox"/> Hazard (Tree, Flooding, etc) <input type="checkbox"/> Operations <input type="checkbox"/> Property Damage <input type="checkbox"/> Road Damage/Pothole <input type="checkbox"/> Signage <input type="checkbox"/> _____
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*Municipal Contact Name(s) _____	Extension _____
Municipal Contact Name(s) _____	Extension _____

***Summary of the Complaint**

Please provide a summary of the details of your complaint, **including any relevant dates**.

***Steps Taken to Resolve the Complaint**

If applicable, please provide information regarding what steps you have taken to try to resolve your complaint (including any grievances, appeals, requests for reconsideration, relevant dates) and what responses you received.

***Suggested Resolution**

Please provide details of your suggested resolution to this matter.

***Supplementary Documents**

Are you submitting supplementary documents?

Yes

No

The completed form needs an original signature. Print the form, sign it and submit it to the Municipal Clerk as per the instructions at the top of this form.

***Signature**

***Date**

Personal information contained on this form is collected under the authority of the *Municipal Act, 2001*, subsection 223.13. The information will be used by the Ombudsman to respond to your complaint. Questions about this collection can be directed to the Office of the Municipal Clerk, by regular mail to Township of Armour, P.O. Box 533, 56 Ontario Street, Burk's Falls, Ontario, P0A 1C0, via fax to 1-705-382-2068 to the attention of the Municipal Clerk, or via email (if scanned) to clerk@armourtownship.ca

***Consent and Confidentiality Agreement**

You consent to the Municipal Clerk and/or their Designate making inquiries on your behalf in investigating your complaint. You agree to provide all of the information and documentation in your possession that is necessary in order for the Municipal Office to investigate your complaint. Information you provide may also be disclosed in the final report issued by the Municipal Clerk. If you submit any information that you identify as confidential, the Municipal Clerk agrees to keep that information confidential. However, information you identify as confidential will not be shared cannot be taken into consideration when the Municipal Clerk makes a decision on the appropriate recommendation. Confidential information will not appear in the Municipal Clerk's final report. You agree that if you should participate in legal proceedings relating to your dispute, you will not subpoena or call as a witness any employee, agent, director, officer or contractor of the Municipal Corporation of the Township of Armour. You also agree not to subpoena or seek production of any records, notes or work product of any employee, agent, director, officer or contractor of the Municipal Corporation of the Township of Armour.

***Signature**

***Date**

OFFICE USE ONLY

COMPLAINT #

RECEIVED BY

DATE

FORWARDED TO

DATE

Acknowledgement Letter (within 30 days)
- Steps to be taken by the Township to resolve the complaint

Additional correspondence (every 30 days)
- Notice with reason(s) why cannot respond within 30 days
- Written progress on monthly basis until resolved

Date sent: _____ Staff: _____

Date sent: _____ Staff: _____

Final Decision Letter

Copies filed with Clerk
 Initial complaint
 Acknowledgement letter
 Additional correspondence
 Final Decision letter

Date sent: _____ Staff: _____