



Municipality of Centre Hastings
7 Furnace Street, PO Box 900
Madoc, ON K0K 2K0
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Complaint Form

ADM-001 Schedule B

Name:	
Date of Complaint:	
Address:	
Phone #:	
E-mail:	
Please outline details of your complaint below, including relevant dates, times, location and background information (which may include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc.).	

How do you suggest the situation be improved or complaint resolved?	
Office Use Only	
Complaint #	
Received By:	Date:
Forwarded to:	Date:
Acknowledgment Letter	Additional Correspondence
Date Sent: _____	Date Sent: _____
Staff Name: _____	Staff Name: _____
Action taken:	
Final Decision Letter	Copies of all documents filed with CAO:
Date sent:	Date filed:

Thank you for taking the time to express your concern(s). We will provide a response within (30) calendar days of receiving your complaint. If you have any questions about this process, please contact the CAO at 613-473-4030 or clerksoffice@centrehastings.com