Village of Merrickville-Wolford Complaint Form

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REPORTED BY:	DATE:
ADDRESS:	Contact information:
LOCATION OF COMPLAINT:	
PARTICULARS OF COMPLAINT:	
RECEIVED BY:	
ACTION:	
PERSON CONTACTED:	DATE:

PERSONAL INFORMATION COLLECTED ON THIS FORM IS INTENDED TO BE USED FOR INVESTIGATION AND RELATED ACTIVITIES AND FOR CONTACTING YOU REGARDING YOUR CONCERN IF NECESSARY.

ALL INFORMATION ON THIS FORM IS SUBJECT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACT ACT