



Municipality of West Grey Complaint Form

Date: _____

Name: _____
PLEASE PRINT

Address: _____

Signature: _____

Ph: Home _____ Bus: _____ Fx: _____ Email: _____

Nature of Complaint**:

If more space is required, please attach a separate sheet.

Received by: _____ Date: _____

Referred to: CAO Date: _____

<p>CAO Referred to Dept: : _____ Date</p> <p>Response Required by: _____ Date</p> <p><input type="checkbox"/> CBO / By-law Enforcement & Property Standards</p> <p><input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Library</p>	<p><input type="checkbox"/> Public Works</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Administration</p>
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Action Taken/Recommended

***Please Note: You may be summoned to court to testify concerning this complaint.*