



**Northwestern
Health Unit**

www.nwhu.on.ca

COMPLAINT INTAKE FORM

MUNICIPAL INVESTIGATION

IN ACCORDANCE WITH
Section 239 of the Municipal Act 2001 (as amended)

Please forward Completed Forms to:

Mr. P. S. Heayn, Municipal Consultant
41 Clearwater Crescent
Dryden, ON P8N 3H8

Email: psheayn@drytel.net

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|---|--|------|------|
| COMPLAINT FORM MUNICIPAL INVESTIGATION <i>Section 239 – Municipal Act 2001 (as amended)</i> | | | |
| COMPLAINANT'S NAME | | | |
| ADDRESS | | | |
| TELEPHONE | | HOME | WORK |
| EMAIL | | | |

| | |
|-------------------------------|---|
| NAME OF LOCAL BOARD | Northwestern Health Unit |
| DATE OF CLOSED MEETING | |
| CONTACT NAME | Mark Perrault, Chief Executive Officer |
| TELEPHONE | (807) 468-3147 ext. 260 |
| BACKGROUND | <i>This should provide as much information as is required to explain the nature and background of the particular occurrence, (i.e. reason provided for closed meeting session, reason for complaint, municipal contact, municipal explanation).</i> |
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Please Note: Personal Information is collected under the authority of Section 239 of the Municipal Act, 2001 (as amended) and will be used by the Municipal Investigator to carry out an investigation under the Act.



| ACTION | <i>List any activities that the complainant has undertaken to resolve the matter.</i> |
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| SUMMARY/ADDITIONAL COMMENTS |
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Signature of Complainant

Date of Signature