

Town of South Bruce Peninsula

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Service Request

COMPLAINT RECEIVED FROM:

Name: _____

Address: _____

Telephone No. _____

Received By: _____ Department: _____

Date: _____ Time: _____ Letter Phone In Person

COMPLAINT:

Location: _____

Details: _____

COMPLAINT REFERRED TO:

Name: _____ Department: _____

INVESTIGATION REPORT:

Investigated By: _____ Department: _____

Date: _____

RECOMMENDED ACTION:

Intended Starting Date: _____ Department: _____

Authorized By: _____ Date: _____

Date Completed: _____ Superintendent: _____

THANK YOU FOR REPORTING THIS MATTER. THE ACTION TO BE TAKEN IS REPORTED ABOVE.