COMPLAINT FORM MUNICIPAL INVESTIGATION Section 239 – *Municipal Act, 2001* If you require this form in an alternate format, contact the Clerk's Office at 519-271-0250 ext. **237**.

COMPLAINANT'S	
NAME	
ADDRESS	
TELEPHONE	
E-MAIL	

NAME OF MUNICIPALITY	City of Stratford
DATE OF CLOSED MEETING	
MUNICIPAL CONTACT NAME	City Clerk, Tatiana Dafoe
TELEPHONE	519-271-0250 ext 329

BACKGROUND	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).

ACTION	Any activities that the complainant has undertaken to resolve the matter.
SUMMARY / ADDITI	ONAL COMMENTS

Date of Signature

Please forward the completed complaint form in a sealed envelope marked "Private and Confidential - Complaint under Section 239 of the Act" to:

City of Stratford 1 Wellington Street, P.O. Box 818, Stratford ON N5A 6W1

Att: City Clerk

Notice of Collection

The personal information collected on this form 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 and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephoning 519-271-0250 ext. **329** during business hours.