## COMPLAINT FORM MUNICIPAL INVESTIGATION Section 239 – *Municipal Act, 2001*

COMPLAINANT'S		
NAME		
ADDRESS		
TELEPHONE		
TELEFTIONE		
E-MAIL		
(AS AMENDED) AND W	ILL BE USED BY THE	COLLECTED UNDER THE AUTHORITY OF SECTION 239 OF THE MUNICIPAL ACT, 2001 MUNICIPAL INVESTIGATOR TO CARRY OUT AN INVESTIGATION UNDER THE ACT. PERSONAL INFORMATION MAY BE REFERRED TO THE CITY CLERK.
NAME OF MUNICIPALITY		City of Stratford
DATE OF CLOSED MEETING		
MUNICIPAL CONTACT NAME		City Clerk, Joan Thomson
TELEPHONE		519-271-0250 ext 235
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of the particular of		le as much information as is required to explain the nature and background occurrence, (i.e. Reason provided for closed meeting session; Reason for bal Contact; Municipal Explanation).

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

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