

COMPLAINT INTAKE FORM

MUNICIPAL CLOSED MEETING INVESTIGATION

**IN ACCORDANCE WITH
Section 239 of the Municipal Act, as amended**

Please forward completed form in a sealed
enveloped marked "Private and Confidential" to:

**Municipality of Highlands East
Box 295
WILBERFORCE, ON K0L 3C0
Attention: Clerk**

Complainant's Name: _____

Address: _____

Telephone: Home: _____

Work _____

E-mail: _____

Please Note: Personal information is collected under the Authority of Section 239 of Municipal Act, 2001, as amended and will be used by the Municipal Investigator to carry out an investigation under this Act.

Name of Municipality: Municipality of Highlands East

Date of Closed Meeting: _____

Municipal Contact Name: Irene S. Cook, Clerk

Telephone No.: 705-448-2981 ex. 222

Background	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, etc.

