



**MUNICIPALITY OF CENTRAL MANITOULIN – PUBLIC RELATIONS FORM**

REGISTERED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

COMPLAINANT'S SIGNATURE \_\_\_\_\_

RECEIVED BY: (MUST BE FILLED IN)

STAFF MEMBER'S NAME: \_\_\_\_\_

STAFF POSITION: \_\_\_\_\_

NATURE OF CONCERN:

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RESPONSE BY MUNICIPALITY

\_\_\_\_\_

CAO/CLERK'S SIGNATURE

UNLESS PERMITTED BY THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, R.S.O. 1990, c. M.56, OR REQUIRED AS A RESULT OF DISCLOSURE, YOUR PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL. SHOULD THE MATTER PROCEED TO COURT, IT MAY BE NECESSARY FOR YOU TO ATTEND COURT AS A WITNESS TO THE VIOLATION.