



## Request Services and Complaints Form We Want to Hear from You

7 Lakeshore Drive, Temagami, Ontario, P0H 2C0  
Email: [visit@temagami.ca](mailto:visit@temagami.ca)

Tel.: 705.569.3421 Fax.: 705.569.2834

For use by the Municipality of Temagami		Reference #	
Date Received:		Referred to:	
Action taken:		Concern Received:	<input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Phone
Complaint Classification :	<input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Parks & Rec <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Public Works <input type="checkbox"/> Tax Dept. <input type="checkbox"/> Building & By-Laws <input type="checkbox"/> Planning Dept.		

### A. Contact Information

Name:		Email:	
Address:		Phone:	

### B. Details: *Please describe the particulars of your complaint or concern, if more space is needed continue on back of form.*


### C. Declaration:

I declare that the information given in this form is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes:** In order to investigate your concern fully, any members of staff mentioned will be made aware of the issues you have raised and will have an opportunity to comment on them.