

COMPLAINT FORM MUNICIPAL CLOSED MEETING INVESTIGATION

(In accordance with Section 239 of the Municipal Act, 2001, as amended)

Complainant's Name			
Address			
Telephone	Home:	Work:	
E-mail			

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

Name of Municipality	Municipality of Thames Centre	
Municipal Contact Name	Tena Michiels, Clerk	
Telephone	519-268-7334, ext. 222	

Date of Closed Meeting	
Background	Explain the nature and background of the occurrence in detail (ie. reason provided for closed meeting session; reason for complaint; municipal contact; municipal explanation.

Action	Note any action you have taken to try and resolve the matter.

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Summary/Additional Comments				
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Date

Signature of Complainant

Please forward the completed complaint form in a sealed envelope marked "Private and Confidential" to:

Municipality of Thames Centre 4305 Hamilton Road Dorchester, ON NOL 1G3

Att: Clerk