



MUNICIPALITY OF  
**GREENSTONE**

**COMPLAINT FORM  
SCHEDULE B**

The Corporation of the Municipality of Greenstone is committed to continuous organizational improvements in an environment where all complaints are dealt fairly and in a respectful, transparent fashion.

**Please provide us with your contact information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Number & Street Name: \_\_\_\_\_

P.O. Box Number: \_\_\_\_\_ Ward: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you reached out to the appropriate department as outlined in the first step of this policy Yes  No

