



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

