

**Standard Operating
Procedure for:**

**SUBJECT:
Complaints Policy &
Procedures**



POLICY NO. 2017-

Effective Date:

Revision Date:

CORPORATION OF THE TOWNSHIP OF LIMERICK

Appendix A

Complaint Representative Consent Form

I, consent to have all
communications and information relating to my complaint with the Township of Limerick disclosed to my
representative .

Name of complainant: <input type="text"/>
Signature: <input type="text"/>
Date: - / - / - -

All personal information you choose to provide on this form is collected under the authority of Section 227(c) of the *Municipal Act, 2001*, S.O. 2001, c. 25. The information will be used to confirm your consent under Section 32(b) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 to disclose information relating to your complaint to the third party you identified. Questions about this collection can be directed to the County Clerk:

Township of Limerick
89 Limerick Lake Road, RR2
Gilmour, ON K0L 1W0
(613) 474-2863 – clerk@township.limerick.on.ca

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APPENDIX B

SAMPLE ACKNOWLEDGEMENT AND RECEIPT

[Insert name and address]

Dear [insert Mr./Mrs./Ms./Dr Surname]

Thank you for your letter dated [insert date] concerning [insert summary of letter]. I am writing to acknowledge receipt of your correspondence.

I will review the matter/s you have raised and the information you have provided. If an investigation is required, I will coordinate the investigation. All documentation related to the investigation of your concerns will be treated in a confidential manner to protect your privacy; however, you should be aware that confidentiality is different than anonymity. An individual being complained about must be informed of the complaint.

This process should be completed within 20 working days. If there are any delays, you will be contacted and informed of the progress in 15 day intervals.

We are always striving to improve our services at [insert name of Dept.], so thank you for bringing this matter to our attention. Please don't hesitate to contact me on the number listed below if you have any further queries.

Yours sincerely

[Insert name and contact details]

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**Appendix C
Complaint Form**

Section 1

Do you want to remain anonymous? (Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Personal Details:	
First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	
Please provide details of the service that the feedback concerns	
Department:	
Address of location of service:	
Contact person's name and position in the service:	

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Use opposite side of page if required

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