



CORPORATION OF THE TOWNSHIP OF HORTON

Schedule "B"

Complaint Process Policy
INCIDENT FORM

Date: _____ Time: _____

Information Received by: _____

Complainant Name: _____

Address: _____

Contact Information: Telephone: _____ Cell: _____

Email: _____

Description/Type of Complaint: _____

Location of Complaint: _____

Referred to: _____

(Department/Individual) If referred to another Department, forward a copy of this report to the CAO/Clerk)

Action Taken: _____ Date: _____

Office use only:

Resolution: Yes # _____ No

CAO: follow up not required response letter sent pending investigation /insurance

After complaint is addressed, place original in Front Office- complaint binder.