

## 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		
		e Authority of Section 239 of the <i>Municipal Act, 2001</i> , as amended or to carry out an investigation under the Act.
Name of Municipality	Municipality	y of Thames Centre
Municipal Contact Nar	me Margaret L	ewis, Clerk
Telephone	519-268-73	334, ext. 222
	<u>.</u>	
Date of Closed Meetin	g	
Background	Explain the natifor closed mee explanation.	ture and background of the occurrence in detail (ie. reason provided ting session; reason for complaint; municipal contact; municipal
Action Note any action you have taken to try and resolve the matter.		

Summary/Additional Comments	
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