



*The Corporation of the  
Township of White River  
102 Durham Street, P.O. Box 307  
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**Complaints**

Date: \_\_\_\_\_

Taken By: \_\_\_\_\_

Time: \_\_\_\_\_

Name: \_\_\_\_\_

Method: \_\_\_\_\_

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

Forwarded To: \_\_\_\_\_

Signature: \_\_\_\_\_

Complaint:

Action Taken:

Resolution: