

## **COMPLAINT INTAKE FORM**

## MUNICIPAL CLOSED MEETING INVESTIGATION

## IN ACCORDANCE WITH Section 239 of the Municipal Act 2001 (as amended)

PLEASE FORWARD COMPLETED FORM IN A SEALED ENVELOPE MARKED "PRIVATE AND CONFIDENTIAL" TO:

TOWN OF OAKVILLE, 1225 TRAFALGAR RD., OAKVILLE, ON, L6H 0H3 ATTN: TOWN CLERK

ACCOMPANIED BY A FILING FEE OF \$125, CERTIFIED CHEQUE OR MONEY ORDER

Complainant's Name				
Address				
Telephone		Home		
		Work		
E-mail				
Personal inform			red under the authority of Section 239 of the Municipal Act, not be used by the municipal investigator to carry out an investigation under the Act.	
Name of Municipality		Т	own of Oakville	
Date of Closed Meeting		9		
Municipal Contact Name		ne V	/icki Tytaneck, Town Clerk	
Telephone		9	05-845-6601, ext. 2003	
Background This should provide as much information as is required to explain the nature and background of the particular occurrence, (i.e. reason provided for closed meeting session; reason for complaint; municipal contact; municipal explanation).				
		<u>,</u>	, <del>, , , , , , , , , , , , , , , , , , ,</del>	

ACTION	Note any activities you have taken to try to resolve the matter.				
SUMMARY/ADDITIONAL COMMENTS					
Date of Sigr	gnature Signature of Complaina	ant			