

# The Corporation of the Township of Chapple

P.O. Box  
BARWICK, ONTARIO POW 1A0  
Phone 807-487-2354 Fax 807-487-2406

OFFICE OF THE CLERK-TREASURER  
e-mail: [chapple@tbaytel.net](mailto:chapple@tbaytel.net)

---

## Barwick Community Complaint Form

REFERENCE: Yes \_\_\_\_\_ No \_\_\_\_\_

Facility ID: \_\_\_\_\_

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

Name of Person with Complaint: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_ Time of Complaint: \_\_\_\_\_

### Nature of Complaint / Description

- Noise: \_\_\_\_\_
- Service Problem: \_\_\_\_\_
- Visual: \_\_\_\_\_
- Sludge Related: \_\_\_\_\_
- Odor: \_\_\_\_\_
- Other: \_\_\_\_\_
- Taste/Colour: \_\_\_\_\_

### Action Taken in Response:

---

---

---

---

---

Was the source of the problem identified? : \_\_\_\_\_

Was the source a Township facility/activity? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

---

---

---