



The Corporation of the Township of Chapple

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Community Complaints – please complete so we can address your concerns.

Name: _____ Contact Number: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Date of Complaint: _____ Time of Complaint: _____

Department: *let us know what department your complaint is for.....*

Recreation: _____

Ball Park, Playgrounds (Ball Park & Downtown), RV Park, Lighthouse, Docks, Waterfront, Skating Rink/Rink Shack, Hall

Landfills: _____

Shenston and Richardson Landfills

Fire Department: _____

Administration: _____

Office, Taxes, Planning and Zoning

Public Works: _____

Roads, Cemeteries, Side Walks

Chief Building Official: _____

NOTE: Any Water or Sewer complaints or concerns need to be referred to OCWA.

Brief Description of your Complaint:

Office Use Only:

Was the source of the problem identified: **YES NO** Was the source a Township facility or activity? **YES NO**

Describe the action taken in response to the complaint:

Follow up date: _____ **Time:** _____ **Resolved:** **YES NO**