



Where Town and Country Meet

Staff Complaint Form

Township of Essa
5786 County Road 21
Utopia, On L0M 1T0

Complaint Information

Last Name:	First Name:
Address:	
Phone Number:	Email:

Complaint Details

Date of Incident (YYYY/MM/DD):	Time of Incident:
Location of Incident:	Date Reported (YYY/MM/DD):
Which employee is the complaint about:	Department (if known):
Details of the Event: (Describe the details of the incident you are complaining about (who, what, where, when, and why) including any steps that have been taken to resolve it)	

Details of the Event CONTINUED: Attach additional page(s) if necessary

Contact Information of Witness(es)

Last Name:	First Name:
Address:	
Phone Number:	Email:

Signature:	Date:
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