



The Corporation of the County of Bruce

Complaint Form for
Municipal Closed Meeting Investigation
Section 239 of the Municipal Act, 2001

Complainant's Name _____

Address _____

Telephone (Home) _____ (Cell) _____

Email _____

Please note that personal information is collected under the authority of Section 239 of the Municipal Act, 2001 and will be used by the municipal investigator to carry out an investigation under the Act.

Name of Municipality: County of Bruce

Date of Closed Meeting: _____

Municipal Contact Name: Donna Van Wyck, Clerk

Telephone: 519-881-1291, extension 310

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)

Action (note any activities you have taken to try to resolve the matter)

Summary/Additional Comments

Date

Signature of Complainant

All complaints shall be sealed in an envelope clearly marked "Private and Confidential" and submitted by mail or in person directly to:

County of Bruce
Attention: County Clerk
30 Park Street, PO Box 70
Walkerton ON N0G 2V0