



## Request Services and Complaints Form We Want to Hear from You

18 Silver Street, Cobalt, Ontario, P0J 1C0  
Email: [cobalt@cobalt.ca](mailto:cobalt@cobalt.ca)

Tel.: 705-679-8877 Fax.: 705-679-5050

| For use by the Municipality |  | Reference #       |  |
|-----------------------------|--|-------------------|--|
| Date Received:              |  | Referred to:      |  |
| Action taken:               |  | Concern Received: | <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Phone |
| Complaint Classification :  | <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> By-Law <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Public Works <input type="checkbox"/> Tax Dept. <input type="checkbox"/> Building & Planning Dept. <input type="checkbox"/> Other |                   |  |

### A. Contact Information

|          |  |        |  |
|----------|--|--------|--|
| Name:    |  | Email: |  |
| Address: |  | Phone: |  |

### B. Details: *Please describe the particulars of your complaint or concern, if more space is needed continue on back of form.*

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### C. Declaration:

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|--|
| I declare that the information given in this form is true. |
|--|

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes:** In order to investigate your concern fully, any members of staff mentioned will be made aware of the issues you have raised and will have an opportunity to comment on them.