York Region

Community and Health Services Department
Integrated Business Services Branch

COMPLAINT FORM

THE INFORMATION YOU PROVIDE HERE WILL REMAIN CONFIDENTIAL TO THE GREATEST EXTENT POSSIBLE. THE REGIONAL MUNICIPALITY OF YORK MAY NEED TO SHARE THE INFORMATION PROVIDED TO INVESTIGATE YOUR COMPLAINT.

Last Name:	First Name:	Middle Initial:
Address:	City/Province:	Postal Code:

Daytime Phone: ( ) -	Evening Phone: ( ) -	Email Address:	Best Hours to Reach you:
Preferred Method of Contact (Please select One)	E-mail ☐ Phone ☐		Mail ☐

DETAILS OF COMPLAINT: (Describe the nature of the complaint covering what, when, who, how, where, and why. Attach additional pages if there is not enough space here)	
Signature:	Date:

Please return the completed complaint form to:

Program Manager, Information Management, Access and Privacy
The Regional Municipality of York
Community & Health Services Department
520 Cane Parkway
Newmarket, ON L3Y 8T5
Phone: 1-877-464-9675 Ext. 74056
Fax: (905)895-3149