

# TOWN OF GRAVENHURST

## COMPLAINT FORM

Complainant Full Name \*

Complainant Complete Civic Address \*

Telephone Number \*

Provide your email address \*

Date of complaint \*

Enter the complete civic address of the property complaint \*

Please select one of the following options: \*

Do you have a photo of the complaint? \*

Yes

No

If you have said yes, please upload a photo

Provide details of the complaint:



# Thank You for your submission

Personal information contained on this form is collected pursuant to the Ontario Building Code Act and will be used for the purpose of that Act. Questions should be directed to the Freedom of Information and Privacy Coordinator at the Town of Gravenhurst, 3-5 Pineridge Gate, Gravenhurst, ON, P1P 1Z3.