## COMPLAINT INTAKE FORM MUNICIPAL CLOSED MEETING INVESTIVATION

## IN ACCORDANCE WITH Section 239 of the <u>Municipal Act 2001</u> (as amended)

PLEASE FORWARD COMPLETED FORM IN A SEALED ENVELOPE MARKED "PRIVATE AND CONFIDENTIAL" TO:

CITY OF KINGSTON, 216 ONTARIO STREET, KINGSTON, ON, L7L 2Z3

ATT: CITY CLERK

Name		
Address		
Telephone	Home	
	Work	
E-mail		
		collected under the authority of section 239 of the $\underline{\text{municipal act, 2001}}$ (as
AMENDED) AND WILL BI	E USED BY THE MUNICIPAL	INVESTIGATOR TO CARRY OUT AN INVESTIGATION UNDER THE ACT.
Nome of Munic	inality.	City of Kinggton
Name of Municipality Name of Committee		City of Kingston
Date of Closed Meeting		John Dalamana Oita Olank
Municipal Contact Name		John Bolognone, City Clerk
Telephone		613-546-4291 Ext. 1247
	This about a ward as as	words information as is assumed to combine the metros and background of the metroday
Background	occurrence, (i.e. Reas	much information as is required to explain the nature and background of the particular on provided for closed meeting session; Reason for complaint; Municipal Contact;
	Municipal Explanation	

Complainant's

ACTION	Note any activities you have taken to try to resolve the matter.
SUMMAR	Y/ADDITIONAL COMMENTS

Date of Signature

Signature of Complainant