Complaint Submission Form

Date Submitted_____

Name:_____

Address: _____

City: _____**Prov:**_____

Postal Code: _____**Email** _____

Telephone:_____

Complaint
(Please use the following space to describe in detail you concern.
Start your description here and add pages as required.)

Date of Occurance:_____**Signature:**_____

Issue: _____

_____

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Submit:

Complaint Resolution Process
Port Hope Area Initiative Management Office
115 Toronto Rd.
Port Hope ON L1A 3S4
905-885-0291
Email: info@phai.ca