WATERFRONToronto

Toronto Waterfront Revitalization Corporation
Complaint Form regarding a "Closed Meeting"

Complainant's Name_____

Address_____

_____

Telephone (Home) _____ (**Cell)** _____

Email_____

Name of Meeting (Board Meeting or Committee) _____

_____

Date of Closed Meeting _____

Contact Name: Ian Ness, Acting General Counsel

Background (this should provide as much information as is required to explain the nature and background of the particular occurrence i.e. reason provided for closed meeting session; reason for complaint.)

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Action (note any activities you have taken to try to resolve the matter.)

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Summary/Additional Comments

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Date **Signature of Complainant**

Please note that personal information is collected under the authority of Section 190 of the City of Toronto Act, 2006 and will be used by the Corporation's investigator to carry out an investigation under the Act.