

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

Complainant's Name		
Address		
Telephone (Home)	(Cell)	
Email		
	g or Committee)	
Contact Name: Ian Ness, General (Counsel	
background of the particular occur reason for complaint.)	s much information as is required to explain the nature and rrence i.e. reason provided for closed meeting session;	

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, and will be used, by the Corporation's investigator to carry out an investigation under the Toronto Waterfront Revitalization Act.

This form must be completed, signed and submitted in writing, in a sealed envelope marked "Private and Confidential" to: Ian Ness, General Counsel, Waterfront Toronto, 251 Queens Quay East, Suite 301, Toronto, ON M5A 0X3, ATTENTION: General Counsel. Waterfront Toronto cannot accept anonymous or unsigned requests. All complaints will be treated as confidential at all times.