

**COMPLAINT INTAKE FORM  
MUNICIPAL CLOSED MEETING INVESTIGATION**

**IN ACCORDANCE WITH  
Section 239 of the Municipal Act 2001 (as amended)**

**PLEASE FORWARD COMPLETED FORM IN A SEALED ENVELOPE MARKED  
“PRIVATE AND CONFIDENTIAL” TO:**

**COUNTY OF BRUCE, 30 PARK STREET, P.O. BOX 70, WALKERTON, ON, N0G 2V0**

**ATT: CLERK-TREASURER**



