

**Corporation of the City of St. Thomas
Municipal Accessibility: Customer Service Standards
Complaint/Suggestion Form**

Name: _____

Telephone Number: _____

Address: _____

E-mail Address: _____

Department Involved: _____

Complaint/Suggestion:

Information will be collected and sent to the appropriate department.

A representative of the department will contact you.

Thank you for taking the time to fill out this form.

City of St. Thomas (519) 631-1680 extension 4125 #