



Township of South-West Oxford

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Accessibility Standards for Customer Service

Complaint/Suggestion Form

Please complete the below information:

Name: _____

Telephone Number: _____

Address: _____

Email Address: _____

Department Involved: _____

Complaint/Suggestion: _____

Information will be collected and sent to the appropriate department. This department will find a suitable solution and contact you in a timely manner.

Thank you for your submission.

Municipal Freedom of Information and Protection of Privacy Act

Personal Information on this form is collected under the authority of Ontario Regulation 429/07, Accessibility for Customer Service. The information will be used to process this form, and will be kept on file to facilitate improvement to the Municipality's customer service policies, practices and procedures. Questions about this collection should be directed to the Township of South-West Oxford.