

**Grand Marais Property Owners' Association**  
**Concerns Action Committee**  
**Complaint Form**

Please complete the following so that we may help ensure your issue/concern is dealt with promptly and reasonably. **NOTE:** copies of this complaint and of supporting documentation will be forwarded to appropriate agencies, and we will follow-up with those agencies.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Grand Marais Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Issue/Concern:** (Please explain clearly what the issue/concern is and the reason(s) why it is an issue/concern for you.)

**Actions Taken:** (Attach copies of supporting documentation [letters, emails, faxes, etc.] that you have sent. If you telephoned your complaint, please record below, to the best of your recollection, the dates you phoned, the names of those to whom you spoke and a summary of what was said.)

**Resolution:** (Can you suggest a way to resolve this problem?)

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(Signature)

Mail this completed form and supporting documentation to:  
**GMPOA, Box 29, Grand Marais, MB. R0E 0T0**