



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

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Name of Meeting (Board Meeting or Committee) \_\_\_\_\_

\_\_\_\_\_

Date of Closed Meeting \_\_\_\_\_

Contact Name: Ian Ness, General Counsel

**Background** (this should provide as much information as is required to explain the nature and background of the particular occurrence i.e. reason provided for closed meeting session; reason for complaint.)

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