



**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.)
