

# Submitting a Complaint, Compliment or Issue

Please select the form you would like to submit and we will get you started.

**Are you submitting a: \***

Complaint

Compliment

Issue

# Complaint Form

Please select which department you dealt with: \*

County Administration

Fairmount Home

Frontenac Howe  
Islander Ferry

Frontenac Paramedic  
Service

Please provide details of your concern? \*

How would you like to be contacted? \*

Email

Phone

Full Name \*

Phone number (ex. 999-999-9999) \*

Email Address \*

# Compliment and Issue Form

Please select which department you dealt with: \*

County Administration

Fairmount Home

Frontenac Howe  
Islander Ferry

Frontenac Paramedic  
Service

What did we do well or how can we improve our service? \*

Would you like a representative to follow up with you regarding your compliment or feedback? \*

By Email

By Phone

No follow up needed.

Full Name \*

Email Address \*

Phone number (ex. 999-999-9999) \*

# Thank You

If you requested a follow up, a representative will be in contact with you within 5 business days.