

ECFTA Yard and Pavilion Complaint Form

Date of Event: _____

Event Name: _____

Claimant Name (not required): _____

Address: _____

Email Address: _____ Phone #: _____

Please explain the nature of your complaint as it relates to the yard or Pavilion at the Elora Centre for the Arts:

For internal use:

Date of follow up: _____ Staff Name: _____

Explain follow up and any resolution that was implemented: By email By phone In Person

Other Notes:

Signature of Staff: _____