



### Complaint Form

<b>Contact Information</b>	
Your Name:	
Home Phone:	Cell Phone:
Mailing Address:	
Email:	
Please indicate how you would like us to contact you regarding your request for service.	
<input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone	
Please outline your complaint, including relevant dates, times, location and background information that may include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etcetera.	
How do you suggest the situation be improved or complaint resolved?	
<b>Office use only</b>	
Complaint #	
Received by:	Date:
Forwarded to:	Date:
<input type="checkbox"/> Acknowledge Complaint Rec'd by <input type="checkbox"/> Letter/ Email / Call Date: _____ Staff name: _____	<input type="checkbox"/> Additional correspondence Date sent: _____ Staff name: _____
<b>Action Taken</b>	
<input type="checkbox"/> Final Decision Notice Date: _____ Staff name: _____	Copies filed with Clerk: <input type="checkbox"/> Initial Complaint <input type="checkbox"/> Acknowledgement communication <input type="checkbox"/> Additional correspondence <input type="checkbox"/> Final Decision Notice

Personal information on this form will be collected, used and disclosed in a confidential manner in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to your complaint and improving program and service delivery issues where possible.