

# COMPLAINT FORM

DATE COMPLAINT LODGED:

DATE OF INCIDENT (if applicable):

NATURE OF COMPLAINT (Details):

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOW WOULD YOU LIKE TO SEE THIS COMPLAINT RESOLVED?

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**FOR OFFICE USE ONLY:**

Person Reported to:

Date Reported to CAO: \_\_\_\_\_

Outcome: \_\_\_\_\_

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Date Reported to Council (if necessary):