

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?

FOR OFFICE USE ONLY:

Person Reported to:

Date Reported to CAO: _____

Outcome: _____

Date Reported to Council (if necessary):