



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): _____