

# Complaint/Concern/Suggestion Form



Date received: \_\_\_\_\_

By phone:  In person:  Other: \_\_\_\_\_  
(specify)

Name of complainant (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complaint taken by: \_\_\_\_\_ Is a reply requested? Yes No  
**Referred to:**

Public works

Recreation dept.

Building dept.

Foreman

Arena manager

Building official

Other \_\_\_\_\_  
(specify)

Other \_\_\_\_\_  
(specify)

Other \_\_\_\_\_  
(specify)

Clerk's  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Clerk's signature: \_\_\_\_\_

Action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Department Head signature: \_\_\_\_\_

Replied to complainant: Yes No

- c. c. Department Head (original)
- CAO/Clerk (copy)
- Department Councillor (copy)