



Formal Complaint Form

Complainant Contact Information

First Name:	Last Name:
Municipal Civic Address/ Property Location:	Phone Number:
Mailing Address:	Email Address:

Complaint Type

(Please click on the appropriate box)

- ☐ Access to Services
- ☐ Facilities
- ☐ Processes or Procedures
- ☐ Programs
- ☐ Staff Conduct
- ☐ Timeliness of Services
- ☐ Other



Summary of Complaint

Please provide a detailed outline of your complaint below, including any relevant dates, times, locations, and background information. This may include details such as municipal employees you have contacted to address the issue, any witnesses to the incident, photographs, etc. The more detailed you can be, the better. If needed, feel free to attach additional pages.

Resolution

How do you suggest the situation be improved, or what resolution are you seeking for this complaint?
Complainant's Signature:
Date Complaint Submitted: (mm/dd/yyyy)



For Office Use Only

Date Received:	File No.
Acknowledge receipt of the complaint:	
Investigation Notes:	
Final Response to Complaint:	
Date Sent:	