



## General Complaint Form

*By completing this form you can assist to identify and solve community problems and concerns. All information contained on this form will be reviewed by the Office Administrator and will be treated in a confidential manner.*

### Part 1: Complainant Personal Information

Date of Complaint: \_\_\_\_\_

Name (first/last): \_\_\_\_\_

Civic Address: \_\_\_\_\_

Contact numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Preferred method of communication (please select only one):

Mail       Home Phone       Cell Phone       Email

### Part 2: Complaint Information

(A) *Please describe your problem or concern below.*

(B) *Identify the location of this problem or concern below.*

(C) *When does this problem or concern occur?*

Days of week: \_\_\_\_\_

Time (s) of day: \_\_\_\_\_

(D) *How often have you observed this problem or concern?*

Once       Between two (2) and five (5) times       More than five (5) times

(E) *If necessary, are you prepared to provide a statement and attend court?*

Yes       No

### Part 3: Complainant Signature and Declaration

*NOTE: This complaint shall not be reviewed or considered by Council unless signed by the complainant.*

By signing this form in the space below I certify the above information to be correct and accurate to the best of my knowledge. I further authorize the Town to use this information in any proceedings, legal or otherwise, that may be necessary to address the problem/concern raised in this complaint.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

**Part 4: Department Investigation Report**

Date Department received complaint: \_\_\_\_\_

Employee assigned to the complaint: \_\_\_\_\_

(A) *Please describe your investigation findings in the space below.*

(B) *Was the complaint resolved?*

Yes       No

(B1) *If yes, please describe the Department's actions to resolve the complaint below.*

(B2) *If no, what is your recommendation? Select one (1) of the following options:*

Refer the matter to the Bishop's Falls Town Council (policy level complaint).

Refer the matter to the Town Manager (operational level complaint).

\_\_\_\_\_  
Department Head/Supervisor

\_\_\_\_\_  
Date

**Part 5: Office Use**

Applicable Department:

Public Works

Administration

Recreation

Fire

Date referred to Department Head/Supervisor: \_\_\_\_\_

Please describe below the actions taken to follow-up with the complainant.

Complaint closed on (date): \_\_\_\_\_

\_\_\_\_\_  
Office Administrator

\_\_\_\_\_  
Date