# 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.*

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

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

Days of week: _____

Time (s) of day: _____

(D) *How often have your 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.*

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(B) *Was the complaint resolved?*

__Yes __No

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

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(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.

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Complaint closed on (date): _____

_____ _____

Office Administrator Date