



Municipality of Crowsnest Pass

Complaint Form

Name:	
Email Address:	
Phone Number	
Summary of Complaint	

Please record what happened, who was involved, dates and times as detailed as possible. Attach another sheet if required.

Complaint Type:

- | | | | |
|-------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Process or Procedure | <input type="checkbox"/> Programs | <input type="checkbox"/> Timeliness of service |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Staff Conduct | <input type="checkbox"/> Decision | <input type="checkbox"/> Other |

Resolve

How would you like this issue to be resolved?

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Complainant Signature

Date of Complaint

Complaint forms can be returned in an envelope Attention: Manager of Corporate Services- Confidential to the Municipality of Crowsnest Pass, Box 600, Crowsnest Pass, AB T0K0M0 or to Kristin.ivey@crowstnestpass.com