



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 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.*

(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