



DISCOVER. GROW. BELONG.

Complaint/Concern Form

Applicant Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

Complaint/Concern: _____

Applicant Signature: _____ Legal Description: _____

Attachment: Yes No

For Office Use Only:

Date Received: _____ Town Official: _____

Follow Up:

Date: _____ Town Official: _____

Comments: _____

Actions Needed: _____

Council Decision: _____

How was the applicant notified: Email Phone Letter

Town Official: _____ Date Complete: _____

This form may be forwarded to the RCMP for further action