

RM of Spiritwood Complaint Form

All fields are required to be completed. Incomplete forms will not be accepted.

NAME OF COMPLAINANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

PARTICULARS OF COMPLAINT:

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Statement made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Signature of Administrative Staff

Date Received: \_\_\_\_\_

How was the complaint resolved?

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