



**How do you suggest the situation be improved or complaint resolved?**

---

---

---

## Privacy

**I understand that:**

- 1. The complaint that I have submitted and all of the documents I have provided may be shared with the employees of the Municipality, Administration and Council, unless the disclosure breaches the confidentiality of neutral third parties, in which case the provisions of *The Freedom of Information and Protection of Privacy Act* will need to be addressed.**
- 2. The Rural Municipality of Rosthern No. 403 may disclose relevant documents to the parties in its possession.**
- 3. Any names or information that form part of this complaint may be placed on the agenda of a regular meeting or form part of the minutes for any regular meetings.**

**I agree that the documents that I obtain from the Rural Municipality of Rosthern No. 403 during the course of the investigation of this complaint will be used only for the purpose of this complaint and that any other use is prohibited.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Thank you for taking the time to express your concern.

Please contact the office at (306)232-4393 if you have any questions about this process.

Personal information on this form is collected, used and disclosed in a confidential manner in accordance with *The Freedom of Information and Protection of Privacy Act*.

## Office Use Only

**Date Received:**

**Received By:**