

## **Complaint Form**

(Please Print)	Contact Information	on	
Last Name	First Name		
Address	City or Town		Province
Postal Code	Contact Number	Email	
Preferred Method of Contact (c.	ircle one): Phone	Email	Regular Mail
	Description		
Please outline your complaint including relevant dates, times, location and background information that might include but is not limited to: Municipal employees you have contacted, witnesses, photographs, copies of supporting documents, etc.			

How do you suggest the situation be improved or co	omplaint resolved?
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Privac	У
I understand that:	
1. The complaint that I have submitted and all of shared with the employees of the Municipality disclosure breaches the confidentiality of new provisions of <i>The Freedom of Information and</i> addressed.	y, Administration and Council, unless the utral third parties, in which case the
2. The Rural Municipality of Rosthern No. 403 n parties in its possession.	nay disclose relevant documents to the
3. Any names or information that form part of to of a regular meeting or form part of the minu	
I agree that the documents that I obtain from the Ru the course of the investigation of this complaint will 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 ar	ny questions about this process.

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

Office Use Only			
Date Received: Received By:			