

GENERAL COMPLAINT FORM

Part 1: Complainant Personal Information

Date of Complaint: _____

Name (First/Last): _____

Civic Address: _____

Contact Numbers: _____

Email Address: _____

Preferred method of communication (Please select only one):

Mail Phone Email

Part 2: Complaint Information

a) Please describe your problem or concern below:

b) Identify the location of this problem or concern below (attach a map/drawing if required):
