



Date received: _____

VILLAGE OF DELBURNE COMPLAINT FORM

Complainant Contact Information

Name: _____ Phone Number: _____
Street Address: _____ Email: _____
Mailing Address: _____

Complaint Information

Date of incident: _____ Time of incident: _____
Location of incident: _____

Details of the incident (include names and contact information of any witnesses):

Note to Complainant:

This information will be kept confidential and only used for municipal purposes. Should court action be necessary, you may be required to testify.

Do you want Council/Administration to contact you concerning this complaint? Yes No

Date: _____ Signature: _____

Please file this form with the Village of Delburne.

Information collected on this complaint form is done in compliance with the Alberta Freedom of Information and Protection of Privacy Act (FOIP).

For Administration Use:

Action Taken: _____
Date Action Completed: _____