

## 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):

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### Disclaimer:

Should court action be necessary to resolve the complaint, you may be required to testify. If you are unwilling to testify in court, the municipality may not be able to provide a resolution to the complaint.

Are you willing to testify in court, if necessary? ☐ Yes ☐ No

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: \_\_\_\_\_