

Rural Municipality of Kellross No. 247

Public Complaint Form

The Complaint will only be accepted if this form is signed and dated by the person making the complaint. If the complaint is organization, a signing officer representing the organization must sign and date the Complaint Form.

Complaint contact information:

Full Name: _____

Name of Organization (if applicable): _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Fax Number: _____

Email Address: _____

Note: Your contact information will be kept confidential. Please tell us if you have any concerns receiving calls or emails from us.

Information about your complaint:

1) Is the complaint about an Outside Employee, Council Member Administrator? If so, Please provide their name.

- 2) Is the complaint about a:
- a) Service of the Municipality?
 - b) Policy of the Municipality?
 - c) Procedure of the Municipality?

- 3) Please describe the complaint in your own words and describe what happen, where
And when it occurred and the names of any witnesses.

- 4) How would you like to resolve this complaint?

- 5) List and attach copies of any supporting documents you think we should know about.
Do not send originals.

Privacy:

I understand that:

- 1) The complaint that I have submitted and all the documents I have provided will be Shared with the Municipalities employee, Administration or Member of Council to Allow him or her to respond to the complaint, 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; and
- 2) The Rural Municipality of Kellross No. 247 may disclose relevant documents to the Parties in it possession.

I agree that documents that I obtain from the Rural Municipality of Kellross No. 247 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