



LOCAL GOVERNMENT DISTRICT OF PINAWA COMPLAINT FORM

**Please complete the form below in its entirety
and submit to the Municipal Office to open a municipal complaint.**

All complaints will be dealt with in a confidential manner according to the Municipal Freedom of Information and Protection of Privacy Act (FIPPA)

REQUESTED BY:

Name _____

Address _____

Email _____

Telephone _____

Location of Concern: _____

Detailed Information: _____

Name of Complainant Signature of Complainant Date

FOR OFFICE USE ONLY

Referred to: _____ Date: _____

By: _____

Recommended Action: _____

Source Notified: Yes ____ No ____

Notified By: _____ Date Notified: _____

Explanation: _____

Work Completed

Date: _____ By: _____