

***THE CORPORATION OF THE VILLAGE OF SLOCAN***

**Complaint Form**

Date:

Submitted by:

 First Name Last Name

Phone: \_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_

Address City/Province Postal Code

Date of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of complaint:

Describe any mitigating actions taken by staff or complaintant during or after the time of incident:

Recorded By: \_\_\_\_\_\_\_\_