



10511 – 103 Street
High Level, AB
T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

Complaint

Form

Contact Information

Name	Phone Number	Date
Address	Email	Time
Address: City/Town: Province: Postal Code:		

Office Use Only

Taken By	Date Received	Forwarded to:
		<input type="checkbox"/> CAO <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input type="checkbox"/> Development <input type="checkbox"/> Finance
File Number		<input type="checkbox"/> Operations <input type="checkbox"/> Protective Services <input type="checkbox"/> Other _____

Complaint

Signature

Would you like a Town employee to contact you regarding this Inquiry/Complaint

Yes No

By Phone By Email In Person Other _____



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Complaint Form

Office Use Only		
Work Required		
Referred to	Department	Date and Time
Work Done		
Work done by	Date	Response to resident
		<input type="checkbox"/> By Phone <input type="checkbox"/> By Email <input type="checkbox"/> In Person <input type="checkbox"/> N/A
Signature of employee		Date

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.