



Concern Form

| Please Complete the Following Information: | |
|--------------------------------------------|--------------------|
| Name: | |
| Mailing Address: | |
| Civic Address: | |
| Phone: | Date of Complaint: |
| Employee To Whom Complaint Reported To: | |
| Description of Complaint: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Signature: | |

This Section is to be completed by the Department Supervisor of the facility in which the complaint involves.

(Please check the appropriate Department.)

- Administration Department (Please provide completed copy to Department)
- Bylaw Enforcement (Please provide completed copy to Department)
- Recreation Department (Please provide completed copy to Department)
- Public Works & Utilities Department (Please provide completed copy to Department)

| |
|---------------------------------|
| How was the complaint resolved? |
| |
| |
| |
| |

Date Completed

Department Supervisor's Signature