



## COMPLAINT FORM

(For Public Use Only)

The Town of Wadena has a policy for receiving and handling complaints from anyone who may be dissatisfied with service, actions or lack of action by a Town department or staff member, or has a complaint under any policy or bylaw of the town. Only formal complaints will be followed up on. Please complete this form to file a formal complaint.

### COMPLAINANT CONTACT DETAILS

First name *	Last name *
Email Address ( <i>considered the most prompt way we can communicate with you</i> )	
Mailing AND Civic Address *	Phone Number *

### COMPLAINT TYPE

- |   |   |
|---|---|
| <input type="checkbox"/> Access of Services       | <input type="checkbox"/> Programs               |
| <input type="checkbox"/> Facilities               | <input type="checkbox"/> Staff Conduct          |
| <input type="checkbox"/> Processes or Procedures  | <input type="checkbox"/> Timeliness of Services |
| <input type="checkbox"/> Bylaw/Policy Enforcement | <input type="checkbox"/> Other                  |

### SUMMARY OF COMPLAINT

Please record information on what happened, who was involved, dates, and times. Be as detailed as possible. If there is not enough space to describe the complaint, attach extra paper.

Service area/location or address of problem
Persons involved (if known and applicable)
List of enclosures (include copies of any documentation/photographs in support of the complaint)

Details of complaint:
-----------------------

## NOTICE OF COLLECTION

The personal information you choose to provide on this form is collected under the authority of the *Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)*. The information you provide will be used to investigate the complaint internally and potentially with third-parties for the purposes of investigation, as well as enforcement under municipal, provincial, or federal laws and regulations, and used for contact purposes.

<b>Complainant's signature</b>	<b>Date</b>
--------------------------------	-------------

### FOR OFFICE USE ONLY

Date Complaint Received: (mm/dd/yyyy)	Receiver Initials:	Tracking Number:
Department:  Personnel:	Investigation:  _____ Signature DATE	
Department:  Personnel:	Investigation:  _____ Signature DATE	
<b>Department:</b>  <b>Personnel:</b>	<b>RESOLUTION:</b>  _____ <b>Signature DATE</b>	
Complainant Notified of Resolution Date:	Complainant notified by whom:  Format (phone calls must be followed up in writing):	
APPEAL: Brought to Council at meeting date:		
APPEAL: Resolution of Council:		
Complainant Notified of Resolution:		Date:
Complainant notified by whom:  Format (phone calls must be followed up in writing):		
NOTES:		