COMPLAINT FORM

RM OF Choose Municipality

Office Use Only
File No:
Date Received:

Complaints can be dropped off in person at the RM office or emailed to rm292.rm322@sasktel.net

Personal information contained on this form is received by the Municipality in confidence. Confidentiality cannot be guaranteed if the complaint proceeds to court. Release of this information is governed by the provisions of the Local Authority of Freedom of Information and Protection of Privacy Act.

Complainant:	
Name:	
Address:	
City/Town:	Postal Code:
Phone:	Email:
Complaint Information:	
Address (or area of concern):	
Name of party (if applicable):	
Name of property owner (if applicable):	
Details of complaint (attach details and/or photos as separate sheet if required):	
Date(s) and Time(s) of specific concern:	
Declaration:	

By signing this complaint form, I confirm that I understand that the Municipality will be unable to guarantee confidentiality of the above information if this matter results in court action or an order from the Saskatchewan Information and Privacy Commissioner.

_____ _____

Signature Date

_____

Print Name

To be completed by RM Official
Complaint Corrected: ☐
Complaint not Corrected: ☐ Further Action Required: ☐
Comments:
RM Official:
Date: