



TOWN OF ECKVILLE

Public Complaints Form

Name of person registering concern: _____

Street Address: _____ Mailing Address: _____

Phone Number (Res): _____ Business: _____

Concern: _____

Details of Concern: (Provide sufficient detail including date, time, location, etc.)

(Use back of page if more space is required)

Signature

Date

Complaints will be dealt with confidentially. This information is collected under the authority of the Municipal Government Act and the Freedom of Information and Protection of Privacy Act (FOIP). Personal information provided will be used solely for the purposes relating to the complaint. Personal information will be released in limited circumstances authorized under Section 17(2) and 40 of the Freedom of Information and Protection of Privacy Act (FOIP). Any questions related to the collection and use of this information should be referred to the Chief Administrative Officer at (403)746-2171.

Submit completed form to the Town of Eckville
Box 578, 5023-51 Avenue, Eckville, AB, T0M 0X0
Phone: (403) 746-2171 Fax: (403) 746-2900 Email: info@eckville.com

For Administration Use Only

Details taken by: _____ via: Phone _____ Visit _____

Referred to for action: _____

Reply: Verbal _____ Written _____ Date: _____