

GENERAL COMPLAINT FORM



Date of Complaint: _____ Time: _____

Name of Complainant: _____

Municipal Address of Complainant: _____

Complainant Phone Number: _____

Details: _____

Complainant Signature: _____

Please Note: By submitting this form to the Summer Village office, you agree to appear before Council, either in person or electronically, to discuss the nature of your complaint. If you cannot appear before Council, this complaint will be void. The Complainee will be notified of this complaint and will be invited to appear before Council. No action will be taken until the complaint is brought before Council, as per Policy.

To submit this form, please email information@sylvansummervillages.ca or mail/drop off at: Summer Village Administration, Bay 8 14 Thevenaz Industrial Trail, Sylvan Lake, AB T4S 2J5.

For Office Use Only

Council Resolution:
