



Village of Carbon Resident Concern Form

File #

PO Box 249 Carbon, AB T0M 0L0
T: 403-572-3244 F: 403-572-3778

Instructions: Completed forms may be dropped off in person or mailed to the Village Office.
Anonymous or incomplete complaints will not be investigated.

Complainant Information * Mandatory Fields

Name*

Box Number*	Street Address*
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Phone # (Home)*	Phone # (Cell)	Phone # (Other)*	Email address
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COMPLAINT TYPE

- Access of Services
- Facilities, Signage
- Infrastructure
- Other
- Timeliness of Services
- Staff Conduct
- Outcome of Existing Complaint

Description of Complaint

Nature of Complaint: (Please provide accurate descriptions of location, date, time and/or individuals involved if necessary. If you require more space attach additional paper to this form)

(Continued on reverse)

PERSONAL INFORMATION: This information is being collected for the purpose of conducting an Investigation. The information may be shared with applicable Village of Carbon departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of the personal information on this form is authorized and protected under the Freedom of Information and Protection of Privacy Act, Section 33(c). By providing this information, you have consented to its use for the above purposes. If you have questions concerning the collection and use of this information, you may contact the Village of Carbon at (403) 572-3244.

List of Enclosures (include copies of any documentation in support of the complaint ie photos ect.)

TIMELINE

The Village of Carbon will contact you to acknowledge this complaint in the next 1 to 5 business days after receiving this completed form. The Village of Carbon will be investigating the complaint internally and will respond within 30 days of receipt of this complaint. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted. Thank you.

Acknowledgements

1. I understand that the Village will not release the name of the complainant to the alleged offender except where necessary in a court of law.
2. Should this complaint result in a charge and proceed to court, I understand that I may be required to appear as a witness to give evidence, and that my name and written complaint will become a matter of public record.
3. By submitting this signed complaint, I understand that I am agreeing to appear in a court of law if necessary and speak to any charges generated by this complaint.

Signature*

Date (yyyy/mm/dd) *

FOR OFFICE USE ONLY

Received by:

Date received (yyyy/mm/dd)

Reviewed by:

Date concluded (yyyy/mm/dd)

DISPOSITION

Complaint Valid

No Cause

Warning

Cleared by charge