

**CITY OF TERRACE**



**GENERAL COMPLAINT FORM**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ am / pm TAKEN BY: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

(Please Print)

Address of Complainant: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**Details of Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referred to Dept. Head:**

Administration   
Public Works

Finance   
Development Services

Leisure Services   
Fire Dept.

**Action Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Contacted: Yes  No  Date: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, contact the City's Freedom of Information Co-ordinator at (250) 638-4722.

**RETURN THIS COMPLETED FORM TO THE CHIEF ADMINISTRATIVE OFFICER**