VILLAGE OF DEBDEN

Incorporated 1922

Box 400 Debden, SK. S0J 0S0

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RESIDENT COMPLAINT FORM

Note: Council May Receive copy of document

Resident's Name: (Anonymous submissions are not accepted)		Date Submitted:	
Address:		Email:	\dashv
Phone (Home):		Phone (Other):	
Date of Incident (If Different	t than Date Submitted):		
Person/Property Complain	t is against:		<u> </u>
Is the complainant willing tappearance be required?		testify should charges be laid and a courNO	rt
	ossible, such as how this f this has been an ongoing	affects you, how long it has existed and any ting problem. If you have any further documentate on reverse side if necessary).	
ACTION REQUESTED:			
Signature of Complainant:	(All complaints must be signed)	
ACTION TAKEN/DATE:			

Thank-you for your input. Your completed form will be forwarded to council. This information is collected for the purpose of responding to your concern and keeping a documented list of complaints for tracking purposes. It will become part of the public record and, although it is our policy to not routinely reveal the identity of complainants, it is subject to Freedom of Information and Protection of Privacy (FOIPP) and released pursuant to legal proceedings.