

Municipal Complaint Form  
The Corporation of the Township of Billings

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Signature: \_\_\_\_\_

*What is your complaint? Please include relevant date(s), time(s), location and background information, including municipal employees you have contacted regarding this matter. Additional space is available on the back of this form. Additional Information, such as relevant photographs can be attached to this form.*

How could this situation be improved?

**Office Use Only:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_

Date: \_\_\_\_\_

Acknowledgment letter (or email) sent

Date: \_\_\_\_\_

Staff member name: \_\_\_\_\_

Final Correspondence sent:

Date: \_\_\_\_\_

Staff Member name: \_\_\_\_\_

Action Taken:

