



10511 – 103 Street
 High Level, AB
 T0H 1Z0
Ph: 780-926-2201
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Complaint

Form

Office Use Only		
Work Required		
Referred to	Department	Date and Time
Work Done		
Work done by	Date	Response to resident
		<input type="checkbox"/> By Phone <input type="checkbox"/> By Email <input type="checkbox"/> In Person <input type="checkbox"/> N/A
Signature of employee		Date

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.