NORTH ALGONA WILBERFORCE
CITIZENS CONFIDENTIAL CONCERN FORM

Date:		Time:			

COMPLAINANT INFORMATION: (Please complete this section with your information.)

Complainant					
	Surname:		First Name:		
	Address:		City/Town:		
	E-Mail Address:		Home Phone:	Day Phone:	

Are you SUPPLYING support documentation? _____YES _____NO

Have you at any time previously submitted complaints about this ITEM? _____YES _____NO

Nature of Complaint:		Date(s) of Incident: If applicable	
(see reverse for additional space)			
How does this matter affect you?			

*** *Attach Supporting Documentation/Evidence to Support Complaint****

Note: Confidentiality will be maintained between the complainant, Staff and Council. The issue will be dealt with by council and a solution will be made public.

PLEASE SIGN HERE THAT YOU AGREE THAT THIS COMPLAINT DESCRIBED ABOVE IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

Signature(s)		Date:	

(Cont'd)