

## Complaint Resolution Form

**Complaints submitted with incomplete fields or minimal descriptions will be void.  
 Property Owner of reported incident is subject to know all provisions submitted in this report**

<b>Contact Information:</b>	
Complaint submitted by:	Date:
Phone Number:	Email:
<b>Nature of Incident (check one):</b>	
<input type="checkbox"/> Safety Concern <input type="checkbox"/> Health Concern <input type="checkbox"/> Animal Concern <input type="checkbox"/> Danger to Personal Property <input type="checkbox"/> Other	
<b>Description of Occurrence:</b>	
Date of Occurrence:	Place of Occurrence:
Detailed Description of Occurrence:	
Effects to you/your property:	
<b>Resolution:</b>	
Have you previously reported a similar incident for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long has this been an issue?	
Have you discussed the concern with the other person, neighbor, or animal/property owner?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the outcome?	
Signature of complainant:	

*Freedom of Information and Protection of Privacy Act Collection Notice: By submitting the above information, your name, phone number, mailing/physical addresses, and email are being collected in line of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used to process information pertaining to the complaint resolution form by the Town of Smoky Lake. If you have any questions about the collection of your personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB T0A 3C0, 780-656-3674, or [legislative@smokylake.ca](mailto:legislative@smokylake.ca).*



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**OFFICE USE ONLY**

File No:

Date Received:

Complaint Resolution Form taken by:

Assigned to:

Corrective Actions Taken:

Date corrective actions completed:

Corrective actions executed by:

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