



*County of Paintearth*  
No. 18

#1 Crowfoot Drive, Crowfoot Crossing  
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P: 403.882.3211  
F: 403.882.3560  
[www.countypaintearth.ca](http://www.countypaintearth.ca)

### COMPLAINT FORM

Name of Complainant: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Contact Number (s) \_\_\_\_\_  
Email Address \_\_\_\_\_

#### COMPLAINT DETAILS:

Date of incident \_\_\_\_\_ Time: \_\_\_\_\_  
Location of incident \_\_\_\_\_  
Who/What is the subject of the Complaint: \_\_\_\_\_  
Summary of complaint/Issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### COMPLAINT OUTCOME:

As a result of making this complaint, is there any outcome you would like? YES  NO   
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office use only:

Reviewed By _____ Date _____
Follow Up Actions _____
Complainant notified of remedial actions: YES <input type="radio"/> NO <input type="radio"/>