**Public Complaint Form**

RM of Buckland No. 491

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*Please complete this form to submit a formal complaint. Complaints must be submitted in writing and signed. Anonymous complaints will generally not be investigated unless public safety is involved.*

## Privacy and Disclosure Acknowledgement

The RM of Buckland will make reasonable efforts to maintain the confidentiality of complainants in accordance with The Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP). However, complainants acknowledge that complete anonymity cannot be guaranteed. Evidence provided in support of a complaint may need to be disclosed during an investigation, enforcement action, or legal proceeding. As a result, the identity of the complainant may become known.

## 1. Complainant Information

Full Name(s): _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Would you like RM Administration to contact you regarding this complaint ◯ Yes ◯ No

## 2. Location of Issue

Address or Location of Concern: _____

## 3. Declaration

*I certify that the information provided in this complaint is accurate to the best of my knowledge.*

Signature: _____

Date: _____

## 4. Details of Complaint

Date(s) issue occurred: _____

Description of the complaint (include relevant details, times, and observations):

_____

_____

_____

_____

_____

## 5. Neighbour Dispute Confirmation

If the complaint involves a neighbouring property owner or resident, have you attempted to resolve the matter directly with them?

☐ Yes ☐ No

If yes, briefly describe the attempt:

_____

_____

## 6. Evidence (if available)

Please list any supporting evidence provided (photos, documents, witness information, etc.):

_____

_____

_____

*Please Note: Information contained on this page may form part of the public record.*