



Complaint Form

Complainant (Person Reporting): _____

Email: _____

Phone: _____

Mailing Address: _____

Physical Address: _____

Respondent (Person Accused) Employee Council:

Name: _____

Dept: _____

Date & Time of Incident: _____

Description of Incident:

Provide as much detail (e.g. dates, locations) as possible.

Signature of Complainant: _____

Print Name: _____

Date: _____

For Office Use:
Date Acknowledgement of Town of
Fort Qu'Appelle Receiving Complaint:

Print Name and Title:

