

# TOWN OF EDSON

## GENERAL COMPLAINT Attention PLANNING DEPARTMENT

*The following information will be treated as CONFIDENTIAL under the provisions of Town Policy D-P-11*

Complainant's Name:  E-mail:

Mailing Address:  Tel. No.:

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**Details of Complaint:**

When did the incident happen? Date:  Time:

Where did the incident happen?

Who was involved?

What happened?

What was said or done?

Why do you think it happened?

What action would you like to see take place?

Signature of Complainant

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**For Office Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ACTION TAKEN:**

Followed up with complainant on: \_\_\_\_\_

Action to be Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time period of follow up: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_