



COMPLAINT INFORMATION:

Name: _____

Address: _____

Mailing address (if different): _____

Email address: _____

Phone number (day) _____ (night) _____ (cell) _____

INCIDENT LOCATION (please be specific)

Date /Time: _____

Address location: _____

Town/County/Village: _____

Name/address of Owner (if known): _____

DETAILS OF COMPLAINT:



Details Cont:

Signature of complainant:

Please bring completed forms to the Town office or mail to: P.O. Box 520
Magrath, AB
T0K 1J0

Privacy Notice

The personal information collected on this form is collected by the Town of Magrath under section 4(c) of the Protection of Privacy Act. The information is collected for the purpose of administering and providing municipal programs, services, and activities and relates directly to and is necessary for an operating program or activity of the Town.

If you have questions about the collection of this information, please contact our Privacy Officer: Phone: 403-758-3212