



Rural Municipality of Mankota No. 45

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Mankota, SK S0H 2W0

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The R.M. of Mankota has a policy for receiving and handling complaints from anyone who may be dissatisfied with service, actions or lack of action by an employee or staff member, or has a complaint under any policy or bylaw of the Municipality. Only formal complaints will be followed up on. Please complete this form to file a formal complaint.

COMPLAINT FORM

Your name: _____

Your address: _____

Your phone number: _____

Your e-mail address: _____

COMPLAINT TYPE

- | | |
|---|---|
| <input type="checkbox"/> Access of Services | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Staff Conduct |
| <input type="checkbox"/> Processes or Procedures | <input type="checkbox"/> Timeliness of Services |
| <input type="checkbox"/> Bylaw/Policy Enforcement | <input type="checkbox"/> Other |

SUMMARY OF COMPLAINT

Please record information on what happened, who was involved, dates, times and location or area of concern. Be as detailed as possible. If there is not enough space to describe the complaint, attach extra paper.

NOTICE OF COLLECTION

The personal information you choose to provide on this form is collected under the authority of the *Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)*. The information you provide will be used to investigate the complaint internally and potentially with third-parties for the purposes of investigation, as well as enforcement under municipal, provincial, or federal laws and regulations, and used for contact purposes.

Complainant's signature	Date
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Forms submitted anonymously or without being signed will not be reviewed and no response will be provided.

In RESPECT to the Chain of Commands, the complainant contacted: <input type="checkbox"/> Division Councillor <input type="checkbox"/> Reeve <input type="checkbox"/> Administration Office	Method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Canada Post mail <input type="checkbox"/> In-Office visit
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Next Council Meeting: _____

ACTION RECOMMENDED BY COUNCIL:

Reeve's signature	Date
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FOLLOW UP ACTIONS:

Administrator's signature	Date
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