SQUAMISH
OUTDOOR RECREATION CAPITAL OF CANADA

CUSTOMER SERVICE REQUEST/SUGGESTION

NOTE: **COUNCIL RECEIVES COPIES OF ALL COMPLAINTS**

Customer's Name (Anonymous submissions are not accepted)	Date	File # 11
Street Address	Phone (Residence)	Phone (Business)
Mailing Address	Postal Code	Complaint taken by

DESCRIPTION:

Thank-you for your input. Your completed form will be forwarded to the Department responsible for the service discussed. This information is collected for the purpose of responding to your concern. It will become a part of the public record and, although it is our policy to not routinely reveal the identity of complainants, it is subject to Freedom of Information and Protection of Privacy (FOIPP) and release pursuant to legal proceedings. Council is responsible for establishing policy, approving program funding, etc. and delegates day-to-day operations to staff. Council receives complete copies of all complaints for information only. **If you have not been contacted within 72 hours regarding your concern OR if you are dissatisfied with the response, please contact the Department head responsible directly. For further information, contact the Director of Administrative Services at 815-5006**

.For Completion by Administrative Services' Department:

Neighbourhood:	Location of Complaint:	Category:
Department for Action:	Date Sent to Department Head:	

(OVER)

For Completion by Action Department:

ACTION TAKEN:

Date(s) Customer Contacted:

Contacted by: _____ By phone ❒ *or* letter ❒ (Copy attached)
(Print Employee Name)

Date Concluded: Signature of Department Head:

Entered in Database: _____