CUSTOMER SERVICE REQUEST/SUGGESTION

SQUAMISH
HARDWIRED *for* ADVENTURE

Customer's Name (Anonymous submissions are not accepted)	Date	File # **17 -**
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 the Freedom of Information and Protection of Privacy Act (FOIPPA) and release pursuant to legal proceedings. Council is responsible for establishing policy, approving program funding, etc. and delegates day-to-day operations to staff. Upon request from Council, a copy of the complaint (for information only) will be provided to Council members.
If you have not been contacted within 72 hours (excluding weekends and statutory holidays) regarding your concern, if you are dissatisfied with the response, or require further information, please contact Legislative Services at 815-5023 or via email at admdept@squamish.ca

For Completion by Legislative Services' Department:

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

(OVER)

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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: _____