

**APPENDIX "A"**  
**Municipal Complaint Form (Public Use)**

**COMPLAINANT CONTACT DETAILS**

First Name:	Last Name:
Email Address:	
Mailing Address:	Phone Number:

**SUMMARY OF THE COMPLAINT**

*Please include relevant date(s), time(s), location(s), and the background leading to the complaint, including the Town Employees you have contacted regarding this matter. If there is not enough space to describe the complaint, extra documents may be attached to this form.*

**ACTION REQUESTED FROM THE TOWN**

*How could this situation be improved?*

Please submit this form to the CAO's Office, by email to [caos@cochrane.ca](mailto:caos@cochrane.ca) or by mail to the CAO's Office, 10000 Highway 1, Cochrane, Alberta T0C 1A0. For more information, please contact the CAO's Office at (403) 925-1111 or (403) 925-1112.

All Complaints, brought forward to the Town will be dealt with in a confidential manner in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).