PO Box 1030
Unity, SK S0K 4L0
306-228-2621
fax 306-228-4221
info@townofunity.com

Complaint Report

1. Complainant

Name _____

Mailing Address_____

Primary Ph # _____ Secondary_____

Email: _____

2. Nature of Complaint

Explain your complaint in detail (example: date, time, vehicles involved, street location, names, owner of property, etc), continue on separate page if needed. Submit completed form with photos by email: info@townofunity.com

3. Declaration of Complainant:

I, _____ herby certify that I have recounted the above details to the best of my ability. I understand this report will be processed by Town of Unity Management and/or Council. I also understand I could also be called upon to substantiate these details in a formal interview.

_____ _____

DATE COMPLAINANT SIGNATURE