

FOR INTERNAL USE ONLY



CITY OF SALMON ARM - CUSTOMER SERVICE FORM

- Complaint received by: _____ Date: _____ Time: _____
- By phone In person Letter attached Customer may take further action
- Requires follow up FYI only Referral for your attention
- File Copy - File Number: _____ Potential liability issue

Customer / Business Name: _____

Customer / Business Address: _____

Customer / Business Phone No: _____

Location / Address of Incident: _____

Date and Time of Incident: _____

NATURE OF COMPLAINT: (attach separate sheet of paper for additional information)

- REFERRED TO:**
- Director of Development Services
 - Manager - Permits & Licensing
 - Director of Engineering & Public Works
 - Manager of Roads & Parks
 - Manager of Utilities
 - City Engineer
 - Bylaw Enforcement Officer
 - Recreation Society
 - Fire Department
 - Director of Corporate Services
 - Chief Administrative Officer
 - Mayor
 - Insurance Risk Management Committee
 - Other: _____

FOLLOW UP INFORMATION:

- Responded to by (employee name): _____
- Date & Time of Response: _____
- Nature of Follow Up: _____

CUSTOMER SATISFIED? Yes No

When completed, file original in complaints file with cc: to property file (where applicable).

Complaints File Copy