



ROSSBURN MUNICIPALITY

Rosburn Facility Complaint or Issue Form

Date: _____

Facility:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Community Hall | <input type="checkbox"/> Fitness Centre | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drop-In-Centre | <input type="checkbox"/> Agri-Rec Centre | _____ |
| <input type="checkbox"/> National Hall | <input type="checkbox"/> Ice Skating Rink | _____ |

Name: _____ *Phone:* _____

Email: _____ *Preferred contact:*

Date the Issue Happened: _____

Complaint or Issue Description: _____

Received by: _____ *Date:* _____

Date of Response: _____

Response Action: _____

