

**District of Lillooet**  
**Policy No. CP-01**  
**Complaint / Concern Processing**



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**DISTRICT OF LILLOOET COMPLAINT REGISTRATION FORM**

Person Filing Complaint: \_\_\_\_\_ (File No. \_\_\_\_\_)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The following information was supplied in confidence.

**Nature of Complaint**

Provide all details, including general description of complaint, location, address, person involved, time and date of incident, etc.

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This information is kept confidential, but is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_