

The City of Yellowknife is committed to continuous organizational improvement in an environment where all complaints are dealt with fairly in a respectful, transparent fashion. Complaints must be made within thirty (30) days after the alleged event.

Are you submitting the complaint on behalf of someone else?  Yes  No							
Please indicate how you would like us to contact you regarding your complaint.							
Email	ail Standard Mail		Telephone				
Please	e indicate what Department your complai	nt is rela	ted to:				
0 0 0	Administration Community Services Corporate Services Planning & Development	Services   O Public Safety  Public Works & Engineering.		)ev			
Please indicate the date of the occurrence: / /							
	e indicate the location of the problem.						
If known, please indicate the staff person(s) involved.							
Please	e indicate the nature of the complaint (inc	lude as	much detail as p	ossible).			

Please attach any additiona content etc.).	l documents regarding yo	our complaint (pictures, additional written			
Please provide us with your	contact information.				
First Name:	Last Name	_ Last Name:			
Address Number & Street Na	ame:				
Mailing Address if different					
Mailing Address if different:					
City:	Province:	Postal Code:			
Home Phone Number:	Cell Pl	Cell Phone Number:			
Email Address:					
Date	Signatur	e			
Please note that you will be complaint.	contacted within five (5	) business days to confirm receipt of your			
Please return your complain	t form to:				
Attention: City Clerk		Telephone: (867) 920-5646			
City of Yellowknife		Email:			
4807 – 52 Street		publiccomplaint@yellowknife.ca			
Box 580		Or Online at:			
Yellowknife, NT		www.yellowknife.ca/complaints			

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