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**Please attach any additional documents regarding your complaint (pictures, additional written content etc.).**

**Please provide us with your contact information.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Number & Street Name:

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Mailing Address if different:

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City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address:

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Date

Signature

**Please note that you will be contacted within five (5) business days to confirm receipt of your complaint.**

Please return your complaint form to:

Attention: City Clerk  
City of Yellowknife  
4807 – 52 Street  
Box 580  
Yellowknife, NT  
X1A 2N4

Telephone: (867) 920-5646  
Email:  
[publiccomplaint@yellowknife.ca](mailto:publiccomplaint@yellowknife.ca)  
Or Online at:  
[www.yellowknife.ca/complaints](http://www.yellowknife.ca/complaints)