



506 Main Street
Box 10
Kinistino Sk. S0J 1H0

Phone: (306) 864-2461
email: townofkinistino@sasktel.net

Citizen Complaint Form

Please complete the following information so that the Town can investigate your complaint. Please print clearly.

Date: _____ Name: _____

Street Address _____ Mailing Address _____

Phone Number _____ Email Address _____

Nature of Complaint: (include the date, time, place, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Signature _____ Date _____

All complaints must be signed and dated to be considered valid.

Town Office Use Only

Received by: _____ Date _____

Copied to: _____ Date _____

Follow- Up Completed by: _____ Date _____

Comments: _____
