

Complaint/Issue

Town of Harbour Breton



P.O. Box 130
Harbour Breton, A0H 1P0
(709)885-2354
harbourbreton@nf.aibn.com

Contact Information

Name:

Civic Address:

Mailing Address:

Telephone:

Email:

Claim Details

Date of Incident: _____ **Time:** _____

Location:

Please outline your complaint/issue, any background information that might include municipal employees you have contacted to resolve the complaint, witnesses to the incident, photographs, etc.

How do you suggest the situation be improved or complaint resolved?

Approximate Amount to Repair Damage:

Signature: _____ **Date:** _____

SECTION THREE - Town of Harbour Breton

Claim Approved: _____ **Claim Denied:** _____

Comments:

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Date: