



# COMPLAINT FORM

## Confidential

<b>Date:</b>	
<b>Name: (Please Print)</b>	
<b>Contact Information: (Phone number and email address)</b>	
<b>Date of Incident:</b>	
<b>Name of RDOS Representative or Department you were dealing with (if known and if applicable)</b>	
<b>Complaint:</b>	
<b>Signature:</b>	

Please return completed form either in person or mail to 101 Martin Street, Penticton, BC V2A 5J9 or via email to [CorporateOfficer@rdos.bc.ca](mailto:CorporateOfficer@rdos.bc.ca)

As per the Public Complaint Resolution Policy, a Decision is anticipated to be completed within 30 calendar days.  
<https://www.rdos.bc.ca/assets/LEGISLATIVE-SERVICES/Policies/Public-Complaint-Resolution-Policy.pdf>