



COMPLAINT FORM

Confidential

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

Please return completed form either in person or mail to 101 Martin Street, Penticton, BC V2A 5J9 or via email to cmalden@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>