

**Town of Sundre
Arena
User Group Concern Forms**

NO.

Date: _____ Time: _____	
Name of Person Registering Concerns/Requests: _____	
Telephone Number: _____	Signature: _____
Details of Concerns / Requests:	

For Department Use	
Department / Name: _____	
Investigation and Action Taken: _____	
Further Response or Action Necessary: Yes No	
Follow up scheduled if necessary to ensure action taken was appropriate and is working.	
Review Date: _____	
Signature _____	Date Completed: _____

The personal information on this form is collected under the authority of Section 32 of the Freedom of Information and Protection of Privacy Act. The information is necessary for municipal operations, will be kept confidential and will not be given to the public. If you have any questions about the collection or use of this information, please contact the Chief Administrative Officer of the Town.