



French Language Services Informal Complaint Form

Complainant Information

Name: _____

Permanent Residence: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Note: The Complainant will be notified in advance if their identity is to be disclosed.

Employee(s) and/or Department in question:

Outline the details of your Complaint. Include names of any witnesses. Use additional pages as necessary.

Provide clear and specific information. If you refer to any documents please attach copies of these documents to this Complaint Form.

How would you like this to be resolved?

Complainant _____ Date _____

Please send to City-FR@winnipeg.ca or mail to:
French Language Services Branch, 2nd floor, 510 Main, Winnipeg, MB R3B 1B9