



INSPECTION SERVICES DEPARTMENT

**CONFIDENTIAL**

**COMPLAINT FORM**

THE FOLLOWING IS TO BE FILLED OUT IN FULL BY THE COMPLAINANT.

LOCATION OF OFFENCE (Actual Address): \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

COMPLAINANT ADDRESS: \_\_\_\_\_ (Postal Code) \_\_\_\_\_

TELEPHONE NUMBER: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

NATURE OF COMPLAINT, HOW IT AFFECTS YOU, HOW LONG ITS EXISTED (License Plate #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THE PROPERTY OWNER OR TENANT OCCUPIED (If Known)? \_\_\_\_\_

**NOTE:** **Anonymity will be maintained** between the complainant and the alleged offender, except where necessary in a court of law. However, should this matter proceed to Court, you may be required to give evidence as a witness and your name and your filed complaint will become public information.

\_\_\_\_\_  
**Signature of complainant**

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**TO BE FILLED OUT BY MUNICIPAL STAFF:** CASE NUMBER: \_\_\_\_\_

ROLL NO: \_\_\_\_\_ ZONING: \_\_\_\_\_

OWNERS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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TENANT (if applicable) \_\_\_\_\_ PHONE \_\_\_\_\_

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BYLAW VIOLATION: Yes \_\_\_\_\_ No \_\_\_\_\_ FILE CONCLUDED: Yes \_\_\_\_\_ No \_\_\_\_\_

DATE: \_\_\_\_\_ OFFICER: \_\_\_\_\_

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