



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) _____

EMAIL: _____

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. If you wish to check on the status of this file, please call 604-820-3727.

Signature of complainant

TO BE FILLED OUT BY MUNICIPAL STAFF: CASE NUMBER: _____

ROLL NO: _____ ZONING: _____

OWNERS: _____

ADDRESS: _____

PHONE: _____

TENANT (if applicable) _____ PHONE _____

BYLAW VIOLATION: Yes _____ No _____ FILE CONCLUDED: Yes _____ No _____

DATE: _____ OFFICER: _____

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