



COMPLAINT FORM

DATE: _____

COMPLAINANT INFORMATION:

NAME:-

ADDRESS: _____

PHONE: _____ **OTHER:** _____

COMPLAINT:

LOT: _____ **CONCESSION:** _____ **EMERGENCY** _____

COMPLAINT: _____

Date Received: ; _____

By: _____

Signature of Complainant

Please Note: All complaints will be dealt with accordingly. By signing this form you are agreeing to participate as a witness, as required, in any court proceedings, resulting from this complaint. Confidentiality will be adhered to under the Freedom of Information & Protection of Privacy Act to the best of our ability, however, should a charge be laid by the Bylaw Enforcement Officer, your name may be required to be released in the event of court action.

BYLAWS CONTRAVENED:

ACTION TAKEN:

STATUS:
