



# COMPLAINT FORM



Township of Amaranth

Township of East Garafraxa

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.