



# COMPLAINT FORM



**DATE:**

**COMPLAINANT INFORMATION:**

**NAME:**

**ADDRESS:**

**PHONE:**

---

**ADDRESS OF COMPLAINT:**

**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:

---

---

---

---

---

---

---

---

---

---