



COMPLAINT FORM

Name of person registering complaint:			
Address:			
Date:	Telephone No.:	Other:	Time:
Description of Complaint:			
Signature:			
Please indicate the location of the alleged problem:			
The problem occurred on:			
Please note that confidentiality is respected, however be advised that in the event the case proceeds through the court system you may be asked to appear as a witness for the Municipality.			
OFFICE USE			
Follow-up action taken:		File No.	
Complaint received by:		Date:	