



CONFIDENTIAL BYLAW COMPLAINT FORM

Location of Offence (civic address): _____

Date Offence was observed: _____

Type of Bylaw Complaint: Unsightly Property___ Parking___ Noise___ Zoning___ Snow/Ice___
Homeless Camp___ Business Issues___ Other (Please specify) _____

DETAILS OF COMPLAINT

COMPLAINANT INFORMATION *Anonymous complaints will not be investigated.

Name: _____

Address: _____

City: _____ Email: _____

Phone: _____

Date: _____ Signature: _____

Confidentiality 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.