



COMPLAINT FORM

SUBJECT: _____ **DATE:** _____

COMPLAINANT'S NAME: _____

COMPLAINANT'S ADDRESS: _____

COMPLAINANT'S PHONE: _____

RESPONDENT'S NAME: _____

RESPONDENT'S ADDRESS: _____

RESPONDENT'S PHONE: _____

EVENT DATE: _____

COMMENTS: _____

(Additional comments on reverse)

Clerk's Signature

Complainant's Signature
(if required)

Date

COMMENTS: _____

RESOLUTION: _____

Send Letter: Yes
 No

By-Law Enforcement Officer

Date

Your identity will remain confidential.
Only the Township Office and By-law Officer will have access to the Complaint Form.
You will not be contacted about the progress or resolution to your complaint.
The Township Office may contact you for additional details about your complaint.