

**BYLAW ENFORCEMENT COMPLAINT FORM**

Please **PRINT** information below and answer all questions to the best of your ability.

The following information was supplied and received in confidence.

We ask all complainants to be aware that this form will be considered a legal document and that the statement provided may be used in a legal court of law and that the complainant shall be required to testify to the alleged complaint.

**COMPLAINANT INFORMATION**

Date of Complaint \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**INCIDENT INFORMATION**

Location of Incident or Alleged Offence \_\_\_\_\_

\_\_\_\_\_

Address or Land Location \_\_\_\_\_

Other Description (if required) \_\_\_\_\_

\_\_\_\_\_

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Name or Registered Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

**Detailed Description of Alleged Bylaw Violation**

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**CONFIDENTIALITY ISSUES**

The anonymity and confidentiality given to complainants and alleged violators under Council policy cannot be assured if the investigation results in court proceedings.

**PHOTOS OF ALLEGED OFFENCES ARE REQUIRED AS PART OF SUBMISSION**

**I CONFIRM THAT I HAVE READ THIS FORM AND UNDERSTAND THAT THE RM OF DUNDURN WILL BE UNABLE TO GUARANTEE CONFIDENTIALITY OF THE ABOVE INFORMATION IF THIS MATTER RESULTS IN COURT ACTION.**

**DATE** \_\_\_\_\_

**SIGNATURE OF COMPLAINANT** \_\_\_\_\_