

GENERAL COMPLAINT FORM

Date of Complaint: _____ Received By: _____

Complainant Name: _____ Date Issue was Noticed: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Home Phone : _____ Work: _____ Cell: _____

Address/Location of Issue: _____

Type of Problem/Complaint: Noise Unsightly Premises Signage
 Other By-Law Non-Conformance: _____

Description of Issue: _____

Signature of Complainant: x _____

FOR OFFICE USE ONLY:

Action(s) Taken: Phoned Verbal Warning Written Warning
 Meeting (Date/Time of Meeting): _____
 Public Works Order Completed: _____

Actions Taken By: x _____

Follow-Up Required? Yes Details: _____

No FILE CLOSED.