Village of Harrison Hot Springs

PUBLIC COMPLAINT FORM

NAME OF COMPLAINANT:			
CIVIC ADDR:		MAILING ADDR	
TELEPHONE # (Day)		TELEPHONE # (Eve)	
LOCATION OF OFFENCE			
Date		TIME	TAKEN BY
DETAILS OF COMPLAINT AND HOW IT AFFECTS YOU/YOUR PROPERTY:			

IS THE PROPERTY OWNER OR TENANT OCCUPIED? *If Known*) ☐Yes ☐No

***NOTE*: Anonymity will be maintained between the complainant and the alleged offender, whenever possible. Please be aware that 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.**

Signature of complainant **Date**

TO BE COMPLETED BY MUNICIPAL STAFF:

FILE #		ROLL #		ZONING	
TENANT		PHONE			

BYLAW VIOLATION: ☐Yes ☐No

FOLLOW UP ASSIGNED TO:	

COMMENTS

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