



Township of Wainfleet

"Wainfleet - find your country side!"

COMPLAINT FORM

Confidential

PLEASE PRINT

This form represents a request to resolve an alleged bylaw infraction within the Township of Wainfleet. In order for the Bylaw Enforcement Officer to proceed with an investigation, it is mandatory that you provide your full name, current address, and phone number along with your signature below.

*Anonymous complaints will not be accepted. *Please do not trespass on any property to confirm a complaint.

COMPLAINANT INFORMATION (your information)

Name of Complainant: _____

Street Address: _____

Street Number, Street Number

Address Line 2 (if required)

City and Province

Postal Code

Complete Mailing Address (if different): _____

Street Number, Street Number

Address Line 2 (if required)

City and Province (State)

Country & Postal Code (Zip Code)

Telephone Number: _____

Email Address: _____

VIOLATION INFORMATION (property you are making a complaint about)

Location of Offence (Street Address or Roll Number): _____

Name of Property Owner/Tenant (if known): _____

Nature of Complaint (be specific as to what violations are taking place):

Note: Anonymity will be maintained between the complainant and alleged offender, **except** where disclosure is necessary in a Court of Law or when subject to the provisions of the Freedom of Information and Protection of Privacy Act noted below. Should this complaint proceed to Court, you may be required to give evidence as a witness, and your name and filed complaint will become a matter of public record.

Disclaimer: The personal information requested on this form is being collected for the purpose of conducting a Bylaw Enforcement investigation and may be shared with applicable departments and agencies for the purpose of initiating appropriate action. Collection of personal information is governed, authorized, and protected by the Freedom of Information and Protection of Privacy Act. By providing this information, you consent to its use for the above purposes.

Signature of Complainant

Date