



# 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.**

### COMPLAINANT INFORMATION (your information)

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

Street Address: \_\_\_\_\_

Street Number, Street Name

Address Line 2 (if required)

City and Province

Postal Code

Complete Mailing Address (if different): \_\_\_\_\_

Street Number, Street Name

Address Line 2 (if required)

City and Province (State)

Country & Postal Code (Zip Code)

Telephone Number: \_\_\_\_\_

### VIOLATION INFORMATION (property you are making a complaint about)

Location of Offence (Street Address): \_\_\_\_\_

Name of Property Owner/Tenant (if known): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Confidentiality 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

*Mail or drop off the completed complaint form to the Township of Wainfleet Municipal Office*

31940 Highway #3 • P.O. Box 40 • Wainfleet, ON • L0S 1V0

Phone 905.899.3463 • Fax 905.899.2340 • [www.wainfleet.ca](http://www.wainfleet.ca)

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