



# TOWN OF SEDGEWICK

4818-47 Street  
Sedgewick, AB  
T0B 4C0  
Phone: 780-384-3504  
Fax: 780-384-3545

## COMPLAINT FORM

Upon receipt of written complaint at the Town Office, the information is forwarded to the Bylaw Enforcement Officer. Please include only specific facts and details you have witnessed.

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

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date and time of offense: \_\_\_\_\_

Location of Offense: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_

Specific fact and details of the offence: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date Signed

Note – By submitting this signed complaint you are agreeing to appear in a court of law if necessary and speak to any charges that may be generated by this complaint.

Office Use:  
Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_