

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 speak to any charges that may be generated by this	agreeing to appear in a court of law if necessary and complaint.
Office Use:	
Date Received:	Received by:

Collection and use of personal information

This personal information is being collected in accordance with the *Municipal Government Act*, R.S.A. 2000, c. M-26, (MGA) and is protected by the privacy provisions of the *Freedom of Information and Privacy Act*, R.S.A. 2000, c.F25 (FOIP), unless disclosures are authorized under the *MGA*. This information will be used to address the complaint stated above. If you have any questions about the collection and use of your information, contact Town of Sedgewick at 780-384-3504.