



Complaint #: _____

Nature of Complaint: _____

Date(s) of Offence: _____

Time(s) of Offence: _____

Details of Complaint: _____

Name of Alleged Offender: _____

Address of Alleged Offender: _____

Phone # of Alleged Offender: _____

*Email of Alleged Offender: _____

*Tax Roll # of Alleged Offender (internal information): _____

I do hereby declare the above information to be true and correct and fully understand that my presence in a court of law may be required.

The information collected on this form is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used to process complaints for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Town of Bon Accord at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-3550.

Signature of Complainant _____

Print Name: _____

Print Address: _____

Email Address: _____

Signed this _____ day of _____, 20____ in the Town of Bon Accord.

Office Use Only

Complaint received by: _____

Time of receipt of complaint: _____ Date of Complaint: _____

*include if possible

