



**COMPLAINT FORM**

<b>Date:</b>	<b>Report By (name required, please print):</b>
	Address:
	Telephone:
	E-mail:

<b>Location of Complaint:</b>
<b>Name of Occupant/Owner (if known):</b>

<b>Nature of Complaint:</b>

<b>Office Use Only</b>		Roll No: _____
<b>Referred to:</b>	<input type="checkbox"/> Building Division <input type="checkbox"/> By-law Division <input type="checkbox"/> Other _____ <input type="checkbox"/> cc: Brenda Guy	<b>Received by:</b> _____ Staff Signature
	<b>Follow-Up Action Report:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____ Person Contacted _____
<b>Conditions Found and Action Taken:</b>		
	Staff Signature _____	Date _____