



COMPLAINT FORM

FOR OFFICE USE ONLY

Complaint No: _____

Date Received: _____

Referred to: _____

Building Department

Building

Planning

Zoning

Property Standards

Provincial Offences

Complaint respecting property located at _____ Apt/Unit # _____

Name of Property Owner: _____

Owner's Address: _____ Telephone No.: _____

Name of Tenant: _____ Telephone No.: _____

Details of Complaint

Large empty box for providing details of the complaint.

Statement of Complainant:

I hereby make this statement of complaint believing it to be true and for no improper or vexatious purpose. I hereby further declare that if required, I will provide or present evidence in support of this complaint at any hearings of Appeals Committee or Court of Law of Ontario.

Name of Complainant: _____ **(must be completed to be processed)**

Address: _____ Telephone No.: _____

Signed: _____ Date: _____

(In accordance with the ***Municipal Freedom of Information and Protection of Privacy Act***, R.S.O. 1990, c.M.56, Section 28(2), this is to advise you that the personal information collected on this form is treated as confidential and will be used for the proper administration to process a complaint only.)

(For Office Use Only) Report of investigation: _____