

**COMPLAINT FORM**

**Complaint Type:**

- Minimum Housing Standards       Fire Safety  
 Dangerous or Unsightly       Solid Waste       Other \_\_\_\_\_
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**Complaint Information:**

**Date and Time of Complaint:** \_\_\_\_\_; \_\_\_\_\_ (dd/mm/yyyy;hh:mm am/pm)

**Civic Number:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Details of Complaint:** (be as specific as possible; include the items and locations of items causing the complaint)

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

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**Complainant Information:** (please note Complainant must provide contact information and sign the complaint form, failure to do so will result in the complaint not being investigated)

**Complainant Name:** \_\_\_\_\_ (First and Last Name)

**Civic Number:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Office Information:**

**Complaint Received By:** \_\_\_\_\_

- Employee     Dept. Head     Mayor/Councillor

**Date Received:** \_\_\_\_\_ (dd/mm/yyyy)

**Complaint Notes:**

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

Please Direct All Complaint Forms To The Planning Administrative Assistant For Filing and Distribution.