



**TOWNSHIP OF TERRACE BAY
COMPLAINT /BYLAW COMPLAINT FORM**

THE FOLLOWING IS TO BE FILLED OUT IN FULL BY THE COMPLAINANT OR A STAFF MEMBER FROM INFORMATION PROVIDED BY THE COMPLAINANT

LOCATION OF OFFENCE (Actual Address): _____

NAME OF OFFENDER (if known) _____ OWNER ____ TENANT ____

DATE: _____ TIME: _____

NATURE OF COMPLAINT, WHOM DO YOU BELIEVE IS OFFENDING? HOW DOES THIS ISSUE AFFECT YOU? HOW LONG IT HAS EXISTED? (License Plate # ,etc.)

YOUR NAME: _____

ADDRESS: _____ (Postal Code) _____

TELEPHONE NUMBER: (Day) _____ (Evening) _____

EMAIL: (Optional) _____

To the greatest extent possible, anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. Should this matter proceed to court, you may be required to give evidence as a witness and your name and filed complaint will become public information. By signing or checking the box below you are acknowledging that you understand.

Signature of complainant

Check this box if you are unable to sign this form electronically, indicating your understanding of the anonymity statement above and your consent to be contacted at the number(s) you have provided, for confirmation.

Anonymous or unsigned complaints will not be responded to. You can submit this form electronically by hitting the button below. Alternatively, you can email it to the Township admin@terracebay.ca or drop it off at the Municipal Office at 1 Selkirk Ave., Terrace Bay, ON.