



TOWN OF BON ACCORD COMPLAINT FORM

Complaint Number _____

1. Nature of Complaint: _____
2. Dates of Offence: _____
3. Time(s) of Offence: _____
4. Details of Complaint: _____

5. Name of Alleged Offender: _____
6. Address of Alleged Offender: _____
7. Phone No. of Alleged Offender: _____
8. *Email of Alleged Offender: _____
9. *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.

Signature of Person Complaining: _____

Print Name: _____

Print Address: _____ Phone #: _____

Email Address: _____

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

Office Use

Complaint received by: _____

Time of Receipt of Complaint _____ Date of Complaint _____

*Include if possible

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ACTION TAKEN: _____

Previous Offences:

By-Law: _____ Section: _____

Action Taken by: (Name of Person)
