

# Bylaw Complaint Form

**CONFIDENTIAL**

PLEASE PRINT



This form represents a request to resolve a Bylaw Enforcement issue within the town of Goderich. In order for the Municipal Law Enforcement Officer to proceed with an investigation and follow-up of your complaint, it is mandatory that you provide your FULL NAME, CURRENT ADDRESS, and PHONE NUMBER along with your signature below. **Anonymous complaints will not be accepted.**

57 West Street,  
Goderich, Ontario  
N7A 2K5  
Tel (519) 524-8344  
Fax (519) 524-7209

## COMPLAINANT INFORMATION

Name of Complainant \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (res) \_\_\_\_\_ Telephone (bus) \_\_\_\_\_

## VIOLATION INFORMATION

Location of Offense (Street Address) \_\_\_\_\_

Name of Property Owner / Tenant (if known) \_\_\_\_\_

Nature of Complaint (How the issue affects you, how long it has existed, etc.)

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

**NOTE: Anonymity will be maintained between the complainant and the alleged offender, EXCEPT where necessary in a Court of Law or when subject to the provisions of the Freedom of Information and Protection of Privacy Act noted below. Should this complaint proceed to Court, you may be required to give evidence as a witness, and your name and filed complaint will become a matter of public record.**

The personal information requested on this form is being collected for the purpose of conducting a Bylaw Enforcement investigation and may be shared with applicable departments and agencies for the purpose of initiating appropriate action. Collection of personal information is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act. By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Goderich Municipal Law Enforcement Officer at (519) 524-8344 Ext 224.

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## FOR OFFICE USE ONLY

Complaint taken by \_\_\_\_\_

Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Bylaw Violation?  Yes  No

White: M.L.E.O.

Yellow: Complainant

Pink: Property File

Goldenrod: Alleged Offender