

# DISTRICT OF PORT EDWARD COMPLAINT / REQUEST FORM

INITIAL

Date: \_\_\_\_\_ Time: \_\_\_\_\_ No. \_\_\_\_\_

TYPE: DOG  NOISE  PARKING/TRAFFIC  UNSIGHTLY  REQUEST OTHER

## COMPLAINANT

NAME:

ADDRESS:

## AGAINST:

NAME:

ADDRESS:

ON 

dd	mm	yy
----	----	----

BETWEEN 

dd	mm	yy
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## DESCRIPTION OF DOG, IF APPLICABLE:


## DETAILS:


The District can keep the complainant's name in confidence until required in Court, if necessary.  
Other complainant details will be released that may identify you.

I want this complaint kept in confidence.       **yes**       **no**

TAKEN BY:

SIGNATURE OF COMPLAINANT

ACTION TAKEN:

## DATE COMPLAINANT NOTIFIED:

X:\District of Port Edward\Permanent Forms\Administration\Resident Complaint.xls