



## COMPLAINT FORM

If you wish to lodge a complaint, you may write your own letter or use this form. Please complete as many areas as you can and provide as much detail and information as possible. You must provide full contact information including your full name, address, including P.O. Box is required, and telephone number where you can be reached during regular office hours.

All complaints will be received courteously, investigated and acted upon fairly. You should be aware that while the Municipality of Brockton makes every effort to assure privacy of the complainant, you may be required to present evidence in support of this complaint at any hearings of Appeals Committee or Court of Law of Ontario.

_____		
Last Name	First Name	
_____		
Address	P.O. Box	
_____		
City	Province	Postal Code
Contact Telephone Number(s): _____		
	(home)	(cell)
Email Address: _____		



**Complaints Lodged Against/Location of Complaint:**

Address:	Name:
Date of Offence:	Time (if applicable):
Nature of Complaint:	

**Statement of Complainant:**

I hereby make this statement of complaint believing it to be true and for no improper or vexatious purpose. I hereby further declare that if required, I will provide or present evidence in support of this complaint at any hearings of Appeals Committee or Court of Law of Ontario.

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Date

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Signature of Complainant

Personal Information contained on this form is collected under the authority of the Municipal Act for the purpose of responding to and tracking complaints. This information will be kept confidential.