



**Town of Wasaga Beach
Municipal Law Enforcement Office
Citizens Confidential Complaint Form**

Date: _____ Time: _____ Occurrence #: _____

COMPLAINANT INFORMATION: (Please complete this section with your information)

Full Name: _____ Male Female

Address: _____ City/Town: _____

Are you the owner of this property? YES NO Phone Number(s): _____

SUBJECT INFORMATION/PROPERTY: (Please complete this section with the subject's information, if known)

Full Name: _____ Male Female

Address: _____ City/Town: _____

Phone Number(s): _____

Are you an adjoining property owner of the property owner the complaint is being filed against? YES NO

Have you at any time previously submitted complaints about this property? YES NO

Do you wish to receive follow-up from the Officer assigned to this complaint? YES NO

Nature of Complaint:	Date(s) of Incident:
(see reverse for additional space)	
How does this matter affect you?	

******Attach Supporting Documentation/Evidence/Photographs to Support Complaint******

Note: Confidentiality will be maintained between the complainant and the alleged violator, except where necessary in a court of law. However, should this matter proceed to Court, you may be required to give evidence as a witness and your name and your filed complaint could become public information.

PLEASE SIGN HERE THAT YOU AGREE THAT THIS COMPLAINT DESCRIBED ABOVE IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

Date: _____ Signature: _____



Town of Wasaga Beach
Municipal Law Enforcement Office
Citizens Confidential Complaint Form

(Continued)