



**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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Are you the owner of this property? YES  NO

**SUBJECT OF COMPLAINT:** (Please complete this section with the subject's information, if known)

Address: \_\_\_\_\_

Phone Number (if known): \_\_\_\_\_

Have you at any time previously submitted complaints about this property?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Do you wish to receive follow-up from the Officer assigned to this complaint?

| Nature of Complaint: | Date(s) of Incident: |
|----------------------|----------------------|
|                      |                      |

**\*\*\*PLEASE EMAIL COMPLETED FORM TO: [wbbi@wasagabeach.com](mailto:wbbi@wasagabeach.com)\*\*\***

**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: \_\_\_\_\_



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