



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

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

Nature of Complaint:	Date(s) of Incident:

*****PLEASE EMAIL COMPLETED FORM TO: 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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