



502 2nd Avenue
Bassano, AB T0J 0B0
Ph. 403-641-3788 Fax 403-641-2585

Complaint Form

Tracking Number (Office Use Only): _____

Instructions

1. If you wish to lodge a complaint, you may write your own letter or use this form. Pictures may be required.
2. Please complete as many areas as you can and provide as much detail and information as possible.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last Name of Complainant	First Name		Initial
Address (home)				
City / Province		Postal Code	Telephone No.	Fax No.
Address (Business or alternative location where you can be contacted)				
City / Province		Postal Code	Telephone No.	Fax No.

Complaint Details

Date of Incident (YY MM DD)	Time of Incident a.m. p.m.	Location of Incident
Date Reported (YY MM DD)	Time Reported a.m. p.m.	

Complaint Summary

Describe what happened.

Bylaw Enforcement was provided with this complaint form in the following way:

Date:_____ Emailed____ Faxed____ Hand delivered____