



CARIBOO REGIONAL DISTRICT COMPLAINT FORM

*** PLEASE **PRINT** INFORMATION BELOW – ANSWER ALL QUESTIONS IF POSSIBLE

* **COMPLAINANT’S NAME:** (Mr., Mrs., Miss, Ms) _____

COMPLAINANT’S MAILING ADDRESS:

(House Number & Street / P.O. Box) _____

(City) _____ (Postal Code) _____

Complainants Phone Number: (day): _____ (evening): _____

LOCATION OF YOUR COMPLAINT: (to assist with investigation, please be specific and provide as much information as possible – include sketch of location if necessary)

Street Address: _____

Legal Description: _____

Other Description: (if needed) _____

DETAILED DESCRIPTION OF ALLEGED BYLAW VIOLATION:

*THIS WILL CONFIRM THAT I HAVE READ THE REVERSE OF THIS FORM AND UNDERSTAND THAT THE C.R.D. WILL BE UNABLE TO GUARANTEE CONFIDENTIALITY OF THE ABOVE INFORMATION IF THIS MATTER RESULTS IN COURT ACTION OR ORDER FROM THE PROVINCIAL INFORMATION & PRIVACY COMMISSION.

Date _____

Signature of Complainant

TO BE COMPLETED BY CARIBOO REGIONAL DISTRICT STAFF

Complaint received by: _____ Date: _____

ELECTORAL AREA: _____ DIRECTOR: _____

Forward to Bylaw Enforcement Officer when completed