

Bylaw Complaint Form

CONFIDENTIAL

PLEASE PRINT



4512 46 St, Olds, AB T4H 1R5
Tel (403) 556-6981 Fax (403) 556-6537

This form represents a request to resolve a Bylaw Enforcement issue within the town of Olds. In order for the Community Peace Officer(s) to proceed with an investigation and follow-up of your complaint, it is mandatory that you provide your FULL NAME, CURRENT ADDRESS, and PHONE NUMBER along with your signature below. **Anonymous complaints will not be accepted.**

COMPLAINANT INFORMATION

Name of Complainant _____

Street Address _____

Mailing Address _____ Postal Code _____

Telephone (res) _____ Telephone (bus) _____

VIOLATION INFORMATION

Location of Offense (Street Address) _____

Name of Property Owner / Tenant (if known) _____

Nature of Complaint (How the issue it affects you, how long it has existed, etc.)

NOTE: Anonymity will be maintained between the complainant and the alleged offender, EXCEPT where necessary in a Court of Law. Should this complaint proceed to Court, you may be required to give evidence as a witness, and your name and filed complaint will become a matter of public record.

The personal information requested on this form is being collected for the purpose of conducting a Bylaw Enforcement investigation and may be shared with applicable departments and agencies for the purpose of initiating appropriate action. Collection of personal information is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act (FOIP). By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Olds FOIP Coordinator at (403) 556-6981.

Signature of Complainant Date Time

FOR OFFICE USE ONLY

Complaint taken by phone by _____

Owner(s) _____

Address _____ Postal Code _____

COMMUNITY PEACE OFFICER:

Bylaw Violation? Yes No

Name of Community Peace Officer

Complaint File _____

