

Town of Three Hills Bylaw Complaint Form

File #

PO Box 610 Three Hills, AB TOM 2A0 T) 403.443.5822 F) 403.443.2616 www.threehills.ca

Instructions: Completed forms may be dropped off in person or mailed to the Town Office. Anonymous or incomplete complaints will not be investigated.

Complainant Information * Mandatory Fields										
Name*										
Deer Norscher ut										
Box Number*	Street Address*									
Phone # (Home)*	Phone # (Cell)	Phone # (Othe	er)*	Email address						
Description of Complaint (please provide as much detail as you know)										
Date and Time:*			Nature of Complaint							
Location (physical address, or describe location)			Person involved:							
Nature of Complaint: (Description of person(s), animal(s) vehicle(s), times, etc. Include only the facts and details that you have witnessed.)										
				(Continued on reverse)						

PERSONAL INFORMATION: This information is being collected for the purpose of conducting a Bylaw Enforcement Investigation. The information may be shared with applicable Town of Three Hills departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of the personal information on this form is authorized and protected under the Freedom of Information and Protection of Privacy Act, Section 33(c). By providing this information, you have consented to its use for the above purposes. If you have questions concerning the collection and use of this information, you may contact the Town of Three Hills at (403) 443-5822.

Have you discussed this matter with the person concerned? (circle one)	Yes	No
Result of the discussion (If any)		
If answer is "no", explain why not?		
Acknowledgements		
1. I understand that the Town will not release the name of the complainant to the allege necessary in a court of law.	d offender except v	where

- 2. Should this complaint result in a charge and proceed to court, I understand that I may be required to appear as a witness to give evidence, and that my name and written complaint will become a matter of public record.
- 3. By submitting this signed complaint I understand that I am agreeing to appear in a court of law if necessary and speak to any charges generated by this complaint.

Date (yyyy/mm/dd)*

FOR OFFICE USE ONLY									
Received by:			Date received (yyyy/mm/dd)						
Reviewed by:			Date concluded (yyyy/mm/dd)						
DISPOSITION	Complaint Valid	No Cause		Warning	Cleare	d by charge			

Signature*