

OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

670 – 2nd Avenue ~ Box 520 Rivers, Manitoba ~ RoK 1X0

Telephone: 204-328-5300 ~ Fax: 204-328-5374 Email: <u>aao@riverdalemb.ca</u> Website: <u>www.riversdaly.ca</u>

COMPLAINT FORM

| Complainant: (please print) | | | | Date: (office use only) | | |
|--------------------------------|-------------------------------|-----------------------|---------------------|----------------------------|-----------------------|--|
| Address: | | | | Tel: | | |
| City/Town: | | | | Email: | | |
| *Anonymity will | be maintained between the com | plainant and the alle | ged violator except | where necessa | ary in a Court of Law | |
| Please provide as much of the | Complaint details: | | | | | |
| following information | | | | | | |
| as you can regarding your | | | | | | |
| complaint (include dates and | | | | | | |
| times of each incident). | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature | | | Date | | | |
| Subject Property: | | | | | | |
| Name: | | | | Tel: | | |
| Address: | | | | | | |
| City/Town: | | | | Postal Code: | | |
| | I TO BE COMPLETED BY ST | AFF | | | | |
| File No.: | | | | | | |
| contravention of Bylaw No.: | | D | Bylaw Name: | | | |
| | No.: | B | ylaw Name: | | | |