



Facts constituting the alleged contravention ( use separate page if needed ):

Names and contact information of any witnesses:

Signature:

Date prepared (YYYY/MM/DD):

**For Office Use Only:**

Date Received (YYY/MM/DD):

Request Number:

Comments:

*Personal information contained on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to a complaint review request.*