



**Schedule "A"**  
**TOWNSHIP OF ZORRA**  
**FORMAL COMPLAINT REPORT**

Date of Complaint: \_\_\_\_\_

File Number: \_\_\_\_\_

Description of Complaint:

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Alleged Offender:

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Location:

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Complainant Information:

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Is Complainant willing to testify in Court?  Yes  No

IMPORTANT: This document must be completed legibly and in its entirety. Personal Information contained in this form is collected pursuant to the *Municipal Act* and the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to the Complaint.

If you would like an update on the status of your complaint, please call the By-law Enforcement Officer at (519)-485-2490 ext. 230 or fax to (519)-485-2520.

Signature of Complainant: \_\_\_\_\_