



Schedule "A"
TOWNSHIP OF ZORRA
FORMAL COMPLAINT REPORT

Date of Complaint: _____

File Number: _____

Description of Complaint:

Alleged Offender:

Location:

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: _____