Public Complaint Form

RM of Buffalo No. 409

Please complete this form in full to submit a formal complaint. Complaints must be submitted in writing and signed. Anonymous complaints will generally not be investigated unless public safety is involved.

Forms must be fully completed and signed to be valid.

PRIVACY AND DISCLOSURE ACKNOWLEDGEMENT

The Rm of Buffalo will make reasonable efforts to maintain the Confidentiality of complaints in accordance with The Local Authority of Freedom of Information and Protection of Privacy Act (LAFOIP). However, complainants acknowledge that complete anonymity cannot be guaranteed. Evidence provided in support of a complaint may need to be disclosed during an investigation, enforcement action, or legal proceeding. As a result, the identity of the complainant may become known.

Complainant Information

FULL NAME _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

LOCATION OF ISSUE:

_____

_____

DECLARATION

I certify that the information provided in this complaint is accurate to the best of my knowledge.

SIGNATURE: _____

DATE: _____

DETAILS OF COMPLAINT

DATE(s) ISSUE OCCURRED:

_____

Description of the complaint (include relevant details, times and observations):

_____
_____
_____
_____
_____

NEIGHBOUR DISPUTE CONFIRMATION

If the Complaint involves a neighboring property owner or resident, have you attempted to resolve the manner directly with them?

☐ YES ☐ NO

If yes, briefly describe the attempt:

_____
_____
_____
_____

EVEIDENCE

If available

Please list any supporting evidence provided (photo, documents, witness information etc.)

_____
_____
_____
_____

Please note: Information contained on this page may form part of the public record.