

SCHEDULE "D"
Village of Breton
Animal Control Complaint Form
(Confidential)

This form represents a request to resolve a Bylaw Enforcement issue. In order for the Village of Breton to proceed with an investigation and follow-up of your complaint it is mandatory that you give your *full name, current address and phone number along with your signature below.* (Anonymous complaints will not be accepted.)

DATE: _____ TIME: _____

COMPLAINANT INFORMATION

Name of Complainant: _____
Mailing Address: _____ (Postal Code) _____
Civic Address: _____ (Apt. Number) _____
Telephone #: (Day) _____ (Evening) _____

VIOLATION INFORMATION

Location of Offence (Civic Address): _____
Property Owner/Tenant Name (if known): _____
NATURE OF COMPLAINT (How it affects you, how long it's existed, License plate #, etc.): _____

_____ (please use reverse side if needed)

NOTE: Anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. However should this complaint proceed to Court, you *may* be required to give evidence as a witness and your name and your filed complaint will become a matter of public record.

PERSONAL INFORMATION: This information is being collected for the purpose of conducting a Bylaw Enforcement Investigation. The information may be shared with applicable Village departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of the personal information on this application is authorized and protected under the Freedom of Information and Protection of Privacy Act, Section 33(c). By providing this information, you have consented to its use for the above purposes. If you have questions about the collection and use of this information, you may contact the Village of Breton Office at (780) 696-3636.

Signature of Complainant

FOR OFFICE USE ONLY (to be filled out by Municipal Staff) PHONED IN - Call Taken By: _____
Legal Address: Lot: _____, Block: _____, Plan: _____, Roll Number: _____
Owner(s): _____
Address: _____ (Postal Code) _____
Telephone #: (____) _____

MUNICIPAL ENFORCEMENT OFFICER COMPLAINT FILE: _____
Bylaw Violation: Yes No CENTRAL FILE: _____
File Concluded: DATE: _____ OFFICER: _____