TOWN OF GIBSONS
BYLAW COMPLAINT FORM

Date:_____ Time:_____ Taken By:_____ Complaint File #: 4020-20

Counter (In Person):_____ Telephone:_____ Mail:_____ Town Staff:_____

Complainant's Surname:_____ First Name:_____

Street AND Mailing Address:_____

Telephone (Home):_____ Telephone (Office):_____

Complaint:_____

_____

_____

Subject's Surname:_____ First Name:_____

Street Address:_____

Telephone (Home):_____ Telephone (Office):_____

Date	Time	Action Taken

Complainant Notified of Action/Status: ☐ Yes ☐ No Is This Complaint Resolved: ☐ Yes ☐ No ☐ Ongoing

Date Concluded by Officer:_____ Officer Signature:_____

Date Reviewed by Supervisor:_____ Supervisor Signature:_____

The personal information collected on this form is done so pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another act. Further information may be obtained by speaking with the Town's Corporate Officer at 604-886-2274 or 474 South Fletcher Road, Gibsons.

***Note**: Anonymous complaints will not be accepted.*