



COMPLAINT FORM



COMPLAINANT INFORMATION:

DATE: _____

Name : _____

Date Of Birth: _____

Residential/Rural Address: _____

Town/Hamlet: _____

Contact No.: _____ - _____ - _____ (Cell / Home / Work)

COMPLAINT DETAILS:

Type of Offense: **Bylaw** **Provincial Act** **Traffic Related**

Details of Offense:

Location of Complaint : _____ Town/Hamlet: **Village of Boyle**

Date & Time Offense Occurred: _____ / _____

Name of suspect (if known): _____ Contact No. (If known): _____

Supporting Evidence: Yes No If yes, what type: Audio Video Photo Witness

Name of witness: _____

Contact No.: _____

It is an offence to make a false report.

The information on this form is being collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this formation, please contact the Athabasca County FOIP Coordinator at 3602 – 48 Avenue Athabasca, AB T9S 1M8 780.675.2273.

Date: _____

Signature: _____