



BYLAW COMPLAINT REPORT FORM

Date Reported: _____ Date of Occurrence: _____

Nature of Complaint: _____

Location of Complaint: _____

Additional Details:

Use this box for diagrams, drawings or additional writing space.

The identity of all complainants will remain in confidence in compliance with the Freedom of Information and Protection of Privacy Act and Council Policy No. 3.31.

Complainant's Name: _____

Address: _____

Phone: _____ Email: _____

Signature of Complainant

Please return this form to the Bylaw Compliance Department

100 Jensen Avenue East | PO Box 1390, Parksville, BC V9P 2H3
Phone: 250 954-4650 | Fax: 250 248-6650 | bylaw@parksville.ca