

**CITY OF CASTLEGAR**

**Bylaw Violation Complaint Form**

Date: \_\_\_\_\_ Date(s) of alleged violation: \_\_\_\_\_

Nature of alleged violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location (civic address): \_\_\_\_\_

Identity of alleged violator: \_\_\_\_\_

Complainant: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

*The details of the complaint will be made known to the alleged violators, but the complainant's identity will be held by the City in absolute confidence, unless required to be revealed through any ensuing legal process.*

I agree to have my identity revealed in the event the City proceeds with legal action.

\_\_\_\_\_  
Complainant's Signature

Witness: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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(For Staff Use)

Relevant Bylaw: \_\_\_\_\_

Referred to: \_\_\_\_\_