



## TOWN OF GIBBONS COMPLAINT REPORT

COMPLAINANT:	PHONE NO:
ADDRESS OF COMPLAINANT:	
NAME OF ALLEGED OFFENDER:	PHONE NO:
ADDRESS OF OFFENDER:	
NATURE OF COMPLAINT:	
DATE(S) OF OFFENCE:	TIME(S) OF OFFENCE:
DETAILS OF COMPLAINT:	
(use reverse side for more space)	
<p>I do hereby declare the above information to be true and correct and fully understand that my presence in a court of law may be required. It is also understood that this information will be used at the discretion of the Town of Gibbons.</p> <p>Issuing Officer: _____ Complainant: _____</p> <p>Signed this _____ day of _____, 20 _____ In the Town of Gibbons</p> <p>COMPLAINT RECEIVED BY: _____</p> <p>TIME OF RECEIPT OF COMPLAINT: _____</p> <p>DATE OF COMPLAINT: _____</p>	

**DISTRIBUTION**

DATE	TO WHOM	COMMENTS

**Personal information is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes relating to the administration of the operating program or activity of the public body. This information will be treated in accordance with the privacy protection provisions of the FOIP Act.**

DETAILS OF COMPLAINT:

ACTION TAKEN:

BYLAW:

SECTION:

OTHER:

PREVIOUS OFFENCES:

ACTION TAKEN BY:

DATE OF ACTION: