

Rural Municipality of Nipawin No. 487

BYLAW ENFORCEMENT COMPLAINT FORM

Please PRINT information below and answer all questions to the best of your ability

The following information supplied will be received in confidence

COMPLAINANT INFORMATION

Date of			Name of			
Complaint			Complainant			
Residential						
Address						
Mailing Address (if						
different)						
Email						
address						
Phone				Cell		
INCIDENT INFORMATION						
Alleged						
offence						
Land Location	on					
Other description (if						
needed include a sketch)						
What steps have you taken on your part to resolve this issue:						
Attach a detailed description of alleged bylaw violation (please be as detailed as possible						
providing names of witnesses if available and any attending authorities)						

The Municipal Office will receive complaints regarding any of our bylaws, provided:

- the complaint is in writing
- the complainant identifies themselves, and
- the complainants contact information is included.

Process:

- 1. Speaking to your neighbour and making them aware of your complaint can resolve most problems, this should be your first step.
- 2. Present your written complaint to the Municipal Office.
- 3. The Bylaw Enforcement Officer will investigate your complaint. If it is determined that there is a bylaw infraction, they will contact the person involved, usually by mail. Where the complaint is about a property issue, we will contact the registered property owner and we may notify the occupier of the premises.
- 4. In extreme cases of non-compliance or repeated infractions, we may issue a fine or prosecute through the courts.

CONFIDENTIAL ISSUES

The anonymity and confidentiality given to complainants and alleged violators under council policy cannot be assured if the investigation results in court proceedings.

, ,	I confirm that I have read this form and understand that the Rural Municipality of Nipawin No. 487 will be unable to guarantee confidentiality of the above information if this matter results in court action.				
Date	Signature of Complainant				



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