



## COMMUNITY SAFETY OFFICER (CSO) COMPLAINT FORM

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

The following information was supplied and received in confidence.

We ask all complainants to be aware that this form will be considered a legal document and the statement provided may be used in a legal court of law and the complainant shall be required to testify to the alleged complaint.

### COMPLAINANT INFORMATION

Date of Complaint \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Residential Address  
(within the R.M.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Number \_\_\_\_\_

### INCIDENT INFORMATION

Location of Incident or Alleged Offence \_\_\_\_\_  
\_\_\_\_\_

Location \_\_\_\_\_

Further Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Registered Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_



Detailed Description of Alleged Bylaw Violation

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**CONFIDENTIALITY ISSUES**

The anonymity and confidentiality given to complaints and alleged violations cannot be assured if an investigation results in court proceedings.

**PHOTOS OF ALLEGED OFFENCES ARE REQUIRED AS PART OF SUBMISSION**

**I CONFIRM THAT I HAVE READ THIS FORM AND UNDERSTAND THE R.M. OF LEASK NO. 464 WILL BE UNABLE TO GUARANTEE CONFIDENTIALITY OF THE ABOVE INFORMATION IF THIS MATTER RESULTS IN COURT ACTION.**

**DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

