



# TOWN OF RIMBEY

## Complaint Form

### (Confidential)



4938 - 50th Avenue  
PO Box 350  
Rimbey, AB. T0C 2J0  
P. 403-843-2113  
E. enforcement@rimbey.com

*This form represents a request to resolve a bylaw or provincial issue in town. In order for the Municipal Community Peace Officer or Bylaw Enforcement Officer to proceed with an investigation and follow-up on your complaint, it is mandatory that you provide your full name, current address and phone number along with your signature below.*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ (AM PM) COMPLAINT CATEGORY: \_\_\_\_\_

### COMPLAINANT INFORMATION

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

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

Telephone #: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

### VIOLATION INFORMATION

Location of Offence (Civic Address): \_\_\_\_\_

Property Owner/Tenant Name (if known): \_\_\_\_\_

**NATURE OF COMPLAINT** (How it affects you, how long it has existed, License plate #, etc.): \_\_\_\_\_

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\_\_\_\_\_  
**Signature of Complainant**

**NOTE:** Anonymity will be maintained between the complainant and the alleged offender, except where necessary in court of law. However should this complaint proceed to court, you may be required to give evidence as a witness and your name and your filed complaint will become a matter of public record.

**PERSONAL INFORMATION:** This information is being collected for the purpose of conducting a Bylaw or Provincial Enforcement Investigation. The information may be shared with applicable Town of Beaverlodge departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of personal information on this application is authorized and protected under the Freedom of Information and Protection of Privacy Act, Section 33(c). By providing this information, you have consented to its use for the above purposes. If you have questions about the collection and use of this information, you may contact the Municipal Community Peace Officer or Bylaw Enforcement Officer.



**ADDITIONAL NARRATIVE:**

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Initial \_\_\_\_\_

**FOR OFFICE USE ONLY** (to be filled out by Municipal Staff) \_\_\_\_\_ PHONED IN

\_\_\_\_\_ IN PERSON – Taken By: \_\_\_\_\_

Legal Address: Lot: \_\_\_\_\_, Block: \_\_\_\_\_, Plan: \_\_\_\_\_, Roll Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

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**COMMUNITY PEACE OFFICER:**

**OCCURRENCE NUMBER:**

Bylaw Violation: Yes \_\_\_\_\_ No \_\_\_\_\_

File Concluded: DATE: \_\_\_\_\_

OFFICER: \_\_\_\_\_