



# COMPLAINT FORM AC-03

COMPLAINANT INFORMATION	
Name:	
Phone Number(s):	
Email Address:	
Civic Address:	
NATURE OF COMPLAINT	
Date of Incident:	How long has this problem existed:
Address where infraction is taking place:	
Alleged Offender & Contact (if known):	
Property Owner & Contact (if known):	
Describe the nature of the problem, including how this situation affects you. If additional space is required, please use the reverse side of this form.	
Complainant Signature:	Date:

FOR DEPARTMENT OF LANDS AND RESOURCES USE ONLY	
Date Received:	File No: