

HASTINGS



COUNTY

By-law Complaint Form

***Mandatory Field**

Complainant Contact Details

Please provide your contact information. Anonymous complaints will not be investigated.

First name *	Last name *
Email Address (considered the most prompt way we can communicate with you)	
Mailing Address *	Phone Number *
Note: If only a mailing address is provided our response timelines may be extended.	Note: We only call if we require clarification.

Subject Property Information*

Property/Address/Location (please enter description of the locality of your complaint if address is not known that will allow the officer to easily find the violation eg. Backyard):

Nature of Complaint:*

- | | | |
|---|--|--|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Property Standard | <input type="checkbox"/> Fences |
| <input type="checkbox"/> Clean Yard | <input type="checkbox"/> Snow/Ice Removal | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Signs | <input type="checkbox"/> Zoning | <input type="checkbox"/> Open Air Burn |
| <input type="checkbox"/> Barking Dog | <input type="checkbox"/> Noise | <input type="checkbox"/> Other |

Describe in detail the nature of your complaint and the alleged violation:*

I do hereby lay and serve complaint against the owner of the above-noted property with respect to the following conditions that are occurring and may not conform to the By-laws of Tyendinaga Township.

I HEREBY acknowledge that all complaints are confidential until such time as the complainant may be asked to testify in support of the complaint.

AND FURTHER acknowledge that if required I will attend and testify in support of this complaint at any Court of Law in the Province of Ontario.

Sign Off

Complainant's signature*
Date complaint submitted (mm/dd/yyyy)*

Timeline

The By-law Enforcement Officer or designate will contact you to acknowledge this complaint within 5 business days after receiving this completed form. Further inquiries, investigation and resolution is expected within 30 days of receipt of this complaint. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted.

Notice of Collection

The personal information you choose to provide on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (*MFIPPA*). The information you provide will be used to investigate the complaint and may be used for contact purposes but is otherwise considered confidential. Questions about this collection can be directed to the Clerk, 859 Melrose Road, Shannonville, ON K0K 3A0, 613-396-1944, clerk@tyendinagatownship.com

For Internal Use Only

Date Complaint Received: (mm/dd/yyyy)	Receiver Initials:	Tracking Number:
--	--------------------	------------------