



Village of Acme
Bylaw Complaint Form

PO Box 299 Acme, AB T0M 0A0
T: 403-546-3783 F: 403-546-3014
www.acme.ca

File #

Instructions: Completed forms may be dropped off in person or mailed to the Village Office.
Anonymous or incomplete complaints will not be investigated.

Complainant Information \* Mandatory Fields

Name\*

Box Number\*

Street Address\*

Phone # (Home)\*

Phone # (Cell)

Phone # (Other)\*

Email address

Description of Complaint (please provide as much detail as you know)

Date and Time: \*

Nature of Complaint

Location (physical address, or describe location)

Person involved:

Nature of Complaint: (Description of person(s), animal(s) vehicle(s), times, etc. Include only the facts and details that you have witnessed.)

(Continued on reverse)

PERSONAL INFORMATION: This information is being collected for the purpose of conducting a Bylaw Enforcement Investigation. The information may be shared with applicable Village of Acme departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of the personal information on this form 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 concerning the collection and use of this information, you may contact the Village of Acme at 403-546-3783.

Part 2 - Nature of Complaint (continued)

Have you discussed this matter with the person concerned? (circle one)

Yes

No

Result of the discussion (If any)

If answer is "no", explain why not?

**Acknowledgements**

1. I understand that the Village will not release the name of the complainant to the alleged offender except where necessary in a court of law.
2. Should this complaint result in a charge and proceed to court, I understand that I may be required to appear as a witness to give evidence, and that my name and written complaint will become a matter of public record.
3. By submitting this signed complaint, I understand that I am agreeing to appear in a court of law if necessary and speak to any charges generated by this complaint.

Signature\*

Date (yyyy/mm/dd) \*

**FOR OFFICE USE ONLY**

Received by:

Date received (yyyy/mm/dd)

Reviewed by:

Date concluded (yyyy/mm/dd)

**DISPOSITION**

Complaint Valid

No Cause

Warning

Cleared by charge