



**OFFICIAL COMPLAINT FORM  
VILLAGE OF OIL SPRINGS**

Complainant Information

Name:	Address:
Phone Number: <i>(mandatory)</i> Home or Cell:	

I hereby request an investigation to commence under the appropriate by-law for the Village of Oil Springs.

I hereby further declare that if required, I will provide or present evidence in support of this complaint at any hearings of Appeals Committee or Court of Law of Ontario.

Complainant's Signature:	Date:
--------------------------	-------

Complaint Information/Location of Complaint

Address:	Name:
Phone Number(s) <i>(if available)</i>	
Action Taken <i>(if any)</i>	
Date of Offence/Issue:	Time: <i>(if applicable)</i>
Nature of Complaint	
<b>OFFICE USE ONLY ( )1<sup>st</sup> Complaint ( )2<sup>nd</sup> Complaint ( )Subsequent Investigator Initials:</b>	
<b>Date Received:</b>	<b>Time:</b>
<b>Date of Investigation:</b>	
<b>Notes:</b>	