

# Town of Bouctouche

30, Évangéline Street  
Bouctouche, NB E4S 3E4

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## COMPLAINT FORM

(Confidential Document)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

TELEPHONE NO. : \_\_\_\_\_ CELL NO. : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### INFORMATION ABOUT THE OWNER IN VIOLATION (IF NECESSARY)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

### NATURE OF THE COMPLAINT

Date of the offence or the complaint: \_\_\_\_\_

EXPLAIN THE REASON FOR THE COMPLAINT AND WHY YOU FEEL THAT THERE IS AN INFRINGEMENT:

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Complainant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Any complaint that is not signed by the complainant will not be considered as a formal complaint and will not be processed by the municipal administration. All signed complaints are considered confidential by the Town except under a Court Order.

**For administrative use only**

Complaint No. : \_\_\_\_\_ Received (date): \_\_\_\_\_

Delivered to the Department or Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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Date : \_\_\_\_\_

Description of action taken :

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Date of Closed File: \_\_\_\_\_ Complainant notified on: \_\_\_\_\_

Result:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint Founded \_\_\_\_\_ Unfounded \_\_\_\_\_

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_