



(Official complaint form on page 2 of this document)

TOWNSHIP OF McNAB/BRAESIDE

COMPLAINT POLICY

Effective February 14, 2006

A. Policy Statement

1. The Township By-Law(s) will be enforced on a basis of written complaints, unless the By-Law Enforcement Officer is aware of an obvious unsafe condition warranting correction.
2. The By-Law Enforcement Officer will not inspect the entire premises or suite, but will inspect only those items which are the subject of the written complaint.
3. Notwithstanding item 2, the By-Law Enforcement Officer may inspect other areas or items believed to be unsafe.
4. Where applicable, names of complainants shall not be revealed. The intent of this policy is to prevent the complainants(s) from being harassed or suffering retaliatory measures and to comply with the Freedom of Information and the Protection of Privacy Act requirements.
5. Copies of petitions which refer to possible infractions of the By-Law (s) shall not be distributed to the general public unless the names and addresses of the petitioners are first deleted.

B. Filing of a Complaint

A complaint *must be in writing, dated and signed by the complainant*, and delivered to the CAO/Clerk. The written complaint must include the following (where applicable):

1. Location of incident or concern.
2. Date incident or concern occurred.
3. Name of property owner, where applicable.
4. Details on incident or concern.
5. Complainants name, address and phone number.
6. Signature of complainant.

C. Time Frames

1. The complaint will be reviewed by the By-Law Enforcement Officer and a copy will be given to the CAO/Clerk.
2. All written complaints will be dealt with expediently, or as appropriate to the circumstances.
3. A response will be provided when the complaint has been addressed.

TOWNSHIP OF MCNAB/BRAESIDE - OFFICIAL COMPLAINT FORM

Complainant:

Name:	Address:	
Phone Numbers: (mandatory)		

I hereby request an inspector to commence action under the appropriate By-law for the Township.

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:
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Complaint Lodged against/Location of Complaint:

Address:	Name:	
Phone Numbers (if available):		
Action Taken (if any):		
Date of Offence:	Time (if applicable):	
Nature of Complaint:		

Office Use Only: () 1st Complaint () 2nd Complaint () Subsequent Inspectors Initials:

Date Received:	Time:
Date of Inspection:	
Notes:	