



Coaldale & District Municipal Enforcement
1920-17th Street, Coaldale, Alberta T1M 1M1
Ph: 1.844.645.2635

Complaint Form

Complainant Information

Date: _____

Time: _____ AM PM

Name: _____

Mailing Address: _____

Physical Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail: _____

Are you willing to testify in court? (circle one) YES NO

Complainant Signature: _____

Nature of Complaint (use the back of this form if more space is required)

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or [403-345-1300](tel:403-345-1300).

Witness Information (if any): _____

Investigating Officer: (Name) _____ (Signature) _____

Date Received:

Officer Notes:
