



City of Welland
Infrastructure and Development Services
 Planning and Building Division
 60 East Main Street, Welland, ON L3B 3X4
Phone: 905-735-1700 Ext. 2251 | **Fax:** 905-735-8772
Email: devserv@welland.ca | www.welland.ca

COMPLAINT FORM - CONFIDENTIAL

This form represents a request to resolve an alleged by-law infraction with The City of Welland. In order for the Property Standards Officer/Building Inspector Officer to proceed with an investigation, it is mandatory that your full name, address and phone number along with your signature are provided below. **Anonymous complaints will not be accepted.**

PLEASE PRINT

COMPLAINANT INFORMATION (your information)

Name of Complainant: _____

Complete Mailing Address:

 Street Number, Street Name

 City and Province

 Postal Code

 Telephone Number

VIOLATION INFORMATION (property you are making a complaint about)

Location of Offence (Street Address): _____

Name of Owner/Landlord: _____

Complete Mailing Address:

 Street Number, Street Name

 City and Province

 Postal Code

 Telephone Number

Nature of Complaint (be specific as to what violation(s) are taking place): (750 characters)

Property Standards Complaint: Have you given Owner/Landlord written 2 week notice? Yes No
 Provide copy of letter.

Confidentiality will be maintained between the complainant and alleged offender, **except** where disclosure is necessary in a Court of Law or when subject to the provisions of the Freedom of Information and Protection to Privacy Act noted below. Should this complaint proceed to Court, you may be required to give evidence as a witness and your name and filed complaint will become a matter of public record.

Disclaimer: The personal information requested on this form is being collected for the purpose of conducting a Property Standards investigation and may be shared with applicable departments and agencies for the purpose of initiating appropriate action. Collection of personal information is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act. By providing this information, you consent to its use for the above purposes.

I have read and understand the above.

 Signature of Complainant

 Date