City of Welland
Planning and Development Services
Enforcement Division
60 East Main Street, Welland, ON L3B 3X4
Phone: 905-735-1700 x 2224| **Fax:** 905-735-8772
Email: devserv@welland.ca | www.welland.ca

Municipal Screening and Hearing Officer Complaint Form

For complaints related to conduct, fairness or procedure under the Administrative Monetary Penalty System (AMPS) parking tickets and the Administrative Penalty System (APS) non parking related fines. **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

DETAILS OF THE INCIDENT OR INTERACTION

Date: _____

Penalty Notice Number: _____

Name Individual(s) Involved (if known): _____

Role:

☐ Screening Officer

☐ Hearing Officer

TYPE OF COMPLAINT

☐ Conduct – professionalism, courtesy, behaviour

☐ Service Delivery – timeliness, communication, clarity

☐ Procedural Fairness – process not followed

☐ Accessibility or Accommodation Issues

☐ Other (please specify) _____

DESCRIPTION OF COMPLAINT

Provide a detailed description of the issue, including what occurred, when it occurred and any statements or actions that form the basis of your complaint.

_____

_____

_____

_____

_____

_____

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SUPPORTING DOCUMENTATION

List any documents you are attaching (emails, letters, screenshots, notes, witness information etc.).

_____

_____

_____

DESIRED OUTCOME

What resolution or follow up are you seeking.

_____

_____

_____

DECLARATION

I declare the information provided in this complaint is accurate and complete to the best of my knowledge. I understand that:

This complaint process is **not** an appeal mechanism and **cannot** change or overturn a Penalty Notice, Screening decision or Hearing decision.

My complaint will be reviewed in accordance with the City of Welland's Public Complaints Respecting the Administration of Parking Tickets (AMPS) and Non-Parking Related Offences (APS) Policy.

The City may contact me for additional information.

Information I provide may be shared with relevant staff or officers for the purpose of reviewing the complaint, consistent with privacy legislation.

_____ _____

Signature of Complainant Date