

**Town of McLennan**  
**Municipal Enforcement Complaint Form**

**If this is a criminal act, please contact the RCMP at 780-324-3061**

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

Complainant Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Complainant Civic Address: \_\_\_\_\_

Re: \_\_\_\_\_

Brief and Concise Details of Complaint:

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All information will remain confidential. No anonymous complaints will be accepted – you must identify and complete the form yourself. An Officer may contact you to appear as a witness, should the matter go to court.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Officer or Administration Signature

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

Bylaw: \_\_\_\_\_

Actual Completion date: \_\_\_\_\_