



**THE TOWNSHIP OF UXBRIDGE  
By-Law Enforcement Office  
Formal Complaint Report**

Date of Complaint: \_\_\_\_\_

File No. \_\_\_\_\_

**Description of Complaint:**


**Location:**

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**Complainant Information:**

**Name(s):**

**Address:**

**Telephone Number(s):**

**IMPORTANT**

**This document must be signed and completed legibly and in its entirety. It can be faxed to (905) 852-9674. If you would like an update on the status of your complaint, please call the By-Law Office at (905) 852-9181**

**PLEASE BE ADVISED THAT WE ARE NOT PERMITTED TO DIVULGE DETAILS**

**Signature of Complainant** \_\_\_\_\_