

# REQUEST/COMPLAINT FORM

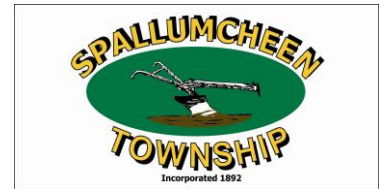
**APPENDIX 1**

FILE: \_\_\_\_\_

4144 Spallumcheen Way  
Spallumcheen, BC V0E 1B6  
Phone #: 250-546-3013  
Fax #: 250-546-8878  
Toll Free #: 1-866-546-3013  
Email: [mail@spallumcheentwp.bc.ca](mailto:mail@spallumcheentwp.bc.ca)  
Website: [www.spallumcheentwp.bc.ca](http://www.spallumcheentwp.bc.ca)

**CONFIDENTIAL**

COMPLAINT INDEX # \_\_\_\_\_



## REQUESTOR/COMPLAINANT:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ *Received by:* \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## REQUEST/COMPLAINT DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMPLAINEE INFORMATION:

FOLIO #: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

## INITIAL INVESTIGATION/ACTION:

Referred to: \_\_\_\_\_

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

\_\_\_\_\_

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

Number of Photos: \_\_\_\_\_

Spoke to: \_\_\_\_\_

Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolved:** Yes ( ) No ( ) **Complainant Contacted:** Yes ( ) No ( ) **Disposition:** \_\_\_\_\_

**File Closed:** Date: \_\_\_\_\_ **Initials** \_\_\_\_\_