



**VILLAGE OF SALMO
GENERAL COMPLAINT FORM**

423 Davies Avenue, PO Box 1000
Salmo, BC V0G 1Z0
Tel: 250-357-9433 Fax: 250-357-9633
www.salmo.ca

Complainant: (please print)		Date: office use only – date received	
Address:		Tel:	
City/Town:		Postal Code:	

***Anonymity will be maintained between the complainant and the alleged violator except where necessary in a Court of Law**

Please provide as much of the information as you can regarding your complaint (include dates and times of each incident).	Complaint details:	
	<p>_____</p> <p align="center">Signature</p>	<p>_____</p> <p align="center">Date</p>

Subject Property:			
Name:		Tel:	
Address:			
City/Town:		Postal Code:	

THIS SECTION IS TO BE COMPLETED BY STAFF

Complaint Received By:	
Notice Received: (Date and Time)	
Bylaw Infraction:	
Action Taken:	
Date and Time of Action Taken:	
Issue Resolved? Yes/No	
Further action required:	

Completed forms can be faxed to (250)357-9633 or emailed to info@salmo.ca