

1 John St., P.O. Box 39 **Killaloe**, Ontario **KOJ 2AO** Office: 613-757-2300 Fax: 613-757-3634 www.killaloe-hagarty-richards.ca

Complaint Form

Complainant: ______Phone: _____Phone: _____

Complainant Address:_____

Location of Violation:

Nature of Complaint:

Signature

Date

Anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. However, should this matter proceed to court, you may be required to give evidence as a witness, your name and your filed complaint will become public information.