TOWN OF VIEW ROYAL

Bylaw Enforcement Complaint Form

333 Island Hwy, Victoria, BC, V9B 1G9
Ph. 250-727-7903 Fx. 250-479-7395
bylawcompliance@viewroyal.ca

File No:_____ Mode_____ Received:

Complaint Code: _____ Officer : _____

Complainant Name :_____ **Address:**_____

Phone: _____ **Email:** _____ Date: ____/____/_____

Complaint Details:

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Investigation Details / Actions Taken: (yyyy / mm/ dd – time (24hr) is req – action explanation)

RCMP – Y / N FileNo :_____

Complainant Contacted: Y / N Date: _____ Time: _____ Mode: _____

Date of Initial Investigation Response: _____ Time: _____ Mode: _____

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Conclusion Date: _____

Director Conclusion Approval: Date: _____ Signature:_____