

Compliance and Enforcement



District of North Saanich

Date Received

File No

COMPLAINANT INFORMATION

Name Required	
Address Required	
Phone Number Required	
Email	

ISSUE

1. Clearly state what the issue/complaint is

SUBJECT OF COMPLAINT INFORMATION

Name	
Address	

FOLLOW UP

2. Do you want someone to follow up with you Yes No

For Office Use Only

Subject Phone	
Subject Email	