

**DISTRICT OF UCLUELET
BYLAW COMPLAINT FORM**

Date: _____ **Complainant's Name:** _____

Civic Address: _____ **Phone No.** _____

Nature of Complaint: **(Include, date, time and approximate location)**

Forwarded to Bylaw Officer for action on: _____

Action Taken by Bylaw Department:

BEO File No. Assigned: _____

Forwarded for Council Review: Yes No

Bylaw Enforcement Officer