

**DISTRICT OF UCLUELET  
BYLAW COMPLAINT FORM**

**Date:** \_\_\_\_\_ **Complainant's Name:** \_\_\_\_\_

**Civic Address:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

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

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**Forwarded to Bylaw Officer for action on:** \_\_\_\_\_

**Action Taken by Bylaw Department:**

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**BEO File No. Assigned:** \_\_\_\_\_

**Forwarded for Council Review:**    Yes             No

\_\_\_\_\_  
Bylaw Enforcement Officer