



Date:

For Use by Town of Pelham Staff (Principal Authority) Complaint Number: Date Received: The information collected below must be complete and is necessary to ensure that those investigating the complaint have sufficient information to identify the location and details of the complaint as well as to follow up with the complainant to obtain further information or to provide outcomes of the investigation. Any complaint form that is not complete and filed in the required manner will not be investigated and may be discarded. A. Complainant information Last Name: First Name: Street Address: Unit No. Buzzer No. Postal Code: Province: Municipality: Telephone Number: Cell Number: Email: B. Location of complaint Street Address: Unit No. ☐ interior of building ☐ exterior of building □ accessory building yard ☐ other: C. Tenancy information ☐ Not Applicable (if selected, skip to Section D of this form) Are you a tenant at the complaint property? \square Yes \square No If yes, has the landlord been notified of the complaint? \square Yes \square No **Landlord Details** Last Name: First Name: Cell Number: Telephone Number: Email: PLEASE NOTE: All tenant complaints require the landlord to have been notified by the tenant and given ten (10) business days to rectify any identified deficiency. Proof of notification may be requested by the investigating Officer. D. Nature of complaint Complaint type: Ontario Building Code EMERGENCY SITUATION Complaint details (If additional space is required, please attach on separate page): **Declaration of complainant** I the complainant, acknowledge that the information contained in this complaint is true to the best of my knowledge and if applicable, I have provided the landlord notification and the required ten (10) business days to rectify any identified deficiencies.

Signature: