

**Township of Springwater**  
**Municipal Law Enforcement**  
*Confidential Complaint Form*

**Complainant Information:**

<b>Name:</b>		
<b>Address:</b>		
<b>Phone #</b>	<b>Cell #</b>	<b>Work #</b>
<b>Email Address:</b>		
<b>Fax #</b>		

**Accused Information:**

<b>Name:</b>
<b>Address:</b>
<b>Other Information:</b>

**Description of Complaint:**


Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: All complainant information must be completed, dated and signed. Investigations will not be conducted on incomplete forms. Complaint forms can be submitted in person, by fax and regular or electronic mail.

Municipal Law Enforcement Officer  
Township of Springwater  
1110 Highway 26 Midhurst, ON L0L 1X0

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