



Mask and Hand Sanitizer Complaint Form

Complainant: _____ Phone: _____

Address: _____ Postal Code: _____

Location of Violation: _____
(Civic Address)

Nature of Complaint:

Landlord/Tenant Complaints: (If Applicable)

Last date landlord contacted regarding this complaint: _____

Signature

Date

Email form to bylaw@brockville.com

Anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. However, should this matter proceed to Court, you may be required to give evidence as a witness, your name and your filed complaint will become public information.