BROCKVILLE
CITY OF THE 1000 ISLANDS

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 building@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.