

Village of Big Valley  
Office of the Municipal Administrator  
PO Box 236 Big Valley, AB T0J 0G0  
403.876.2269 (p) 403.876.2223 (f)  
info@villageofbigvalley.ca



## Bylaw Complaint Form

**Witness Statement**

Complaint # \_\_\_\_\_

Note: Please include only the facts and details that you have actually witnessed. It is important that you be as SPECIFIC as possible

Complainant: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Offence: Date of Offence \_\_\_\_\_  
Time of Offence \_\_\_\_\_ o'clock am/pm  
Location of Offence \_\_\_\_\_  
Name (if known) \_\_\_\_\_  
Address \_\_\_\_\_

Details of Offence:

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Should this matter go to Court, witness will be required to give evidence. Completed form must be returned to Village Office within thirty (30) days of offence date.