



**CITY OF WELLAND**  
 Planning & Development Services  
 By-law Enforcement Division  
 Civic Square  
 60 East Main Street  
 Welland, ON L3B 3X4  
 Phone: 905-735-1700 Fax: 905-735-7184  
 www.welland.ca

# PROPERTY STANDARDS COMPLAINT FORM

This form represents a request to resolve an alleged property standards infraction with the City of Welland. In order for the Property Standards Officer to proceed with an investigation, it is mandatory that your full name, address and phone number along with your signature are provided below.

**Anonymous complaints will not be accepted.**

COMPLAINANT INFORMATION		
FIRST NAME:	LAST NAME:	
ADDRESS:		
Unit No.:	City:	Postal Code:
EMAIL ADDRESS:	PHONE NO.:	
PROPERTY DETAILS		
ADDRESS OF PROPERTY TO BE INSPECTED:		
Unit No.:	City: Welland	Postal Code:
Type of Building: <input type="checkbox"/> Apartment <span style="margin-left: 200px;"><input type="checkbox"/> Multiple Dwelling</span> <input type="checkbox"/> Accessory Dwelling Unit <span style="margin-left: 150px;"><input type="checkbox"/> Stacked Townhouse Dwelling</span> <input type="checkbox"/> Semi-detached Dwelling <span style="margin-left: 150px;"><input type="checkbox"/> Street Townhouse Dwelling</span> <input type="checkbox"/> Single Detached Dwelling <span style="margin-left: 150px;"><input type="checkbox"/> Two-Unit Dwelling</span>		
TENANT INFORMATION (IF APPLICABLE)		
FIRST NAME:	LAST NAME:	
ADDRESS:		
Unit No.:	City:	Postal Code:
EMAIL ADDRESS:	PHONE NO.:	
NAME OF PROPERTY OWNER/ LANDLORD:		
PHONE NO. OF PROPERTY OWNER/ LANDLORD:		

**COMPLAINT DETAILS**

Please provide specific details of the problems and deficiencies with the building.  
Please separate each deficiency and attach additional pages, if needed.

ITEM NO.: 1

ITEM NO.: 2

ITEM NO.: 3

ITEM NO.: 4

Additional pages have been attached  Yes  No

**TENANT STATEMENT OF SERVICE (IF APPLICABLE)**

I, \_\_\_\_\_, the tenant, hereby acknowledge and certify that i  
NAME OF TENANT

did serve the property owner/ landlord on \_\_\_\_\_  
DATE OF SERVICE

by registered mail       by regular mail       by E-mail       hand delivered

the following:

Property Standards Complaint Form       Letter

to: \_\_\_\_\_  
NAME OF PROPERTY OWNER/ LANDLORD

at the address: \_\_\_\_\_  
ADDRESS OF PROPERTY OWNER/ LANDLORD OR E-MAIL ADDRESS

and a copy of the complaint form/ letter/ email is attached to this form.

SIGNATURE OF TENANT:

DATE:

Confidentiality will be maintained between the complainant and alleged offender, except where disclosure is necessary in a Court of Law or when subject to the provisions of the Freedom of Information and Protection to Privacy Act noted below. Should this complaint proceed to Court, you may be required to give evidence as a witness and your name and filed complaint will become a matter of public record.

Disclaimer: The personal information requested on this form is being collected for the purpose of Conducting a Property Standards investigation and may be shared with applicable departments and agencies for the purpose of initiating appropriate action. Collection of personal information is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act. By providing this information, you consent to its use for the above purposes.

I have read and understand the above.

SIGNATURE OF COMPLAINANT:

DATE:

DATE RECEIVED STAMP