Rental Complaint Protocol

Please note the protocol below:

- 1) First, refer to the Lease/Rules to ascertain that a Lase/rule violation has occurred. If there is no applicable Lease/rule violated, the Residential Tenancy Act does not allow the Management to take action.
- Please complete all sections of the Lease/Rule Violations Complaint Form, which will help with speeding up the process. Try to be certain that the unit number from which the violation has occurred is the correct one. All buildings do not automatically have the same unit numbers directly above and below.
- 3) Upon receipt of the Complaint Form, a Lease/Rule Violation Notification Letter will be sent to the alleged violator. At this point, the term 'alleged' must be used as there may be a suite # error or some other misunderstanding. However, NO anonymous complaint will be accepted and processed.
- 4) Allow time for the Notification Letter to be received and complied with (recommended two week period), then if the same Lease/rule violation recurs, it becomes necessary to fill in another Complaint Form. Be sure and mark the box identifying this as a 'repeat offense' and re- send it to the Property Manager.
- 5) Upon receipt of the Complaint Form with the repeat offence details, your management will review and consider your complaint and the response from the other party.
- Also be aware that due to the Personal Information & Protection Act, copies of correspondence will not be sent to you nor will your identity be divulged.

Bylaw/Rule Violation Complaint Form

Sender's Information

Sender Name	Phone	e Number	Cell Number	Email
Building Name	_			Strata Plan
Unit Address				
Privacy Act: Permiss	ion is granted to releas	e my perso	onal informatio	on Yes No
Details of Complaint				
(Please note that if		ated, the	Management	including type, time, location. cannot take action and an st.)
Noise:				(e.g. Party, Music, Shouting, Thumping)
Pets:			(e.g. Ba	arking, Not leashed, Aggressive, Feces)
Parking: ————		(e.g. Speedi		at gate, Visitor parking, Oil, Insurance)
Property Damage:				(e.g Bicycle, Moving, Carpet Stains)
Others:				
Origin of violation:	Date	Time _	Name((If known)
	Suite #			Address
REPEAT OFFENSE?	Yes No	- T	F1. N 45	

(i.e. Is this the first time you file a complaint against the above alleged violator?)

Police File Number (If available)