

# Bylaw Enforcement Complaint

Please fill out the following form and submit your complaint to [bylawservices@rdn.bc.ca](mailto:bylawservices@rdn.bc.ca) or our Online Portal at <https://cv.rdn.bc.ca/NanaimoPortal>.

Some issues may not be within the jurisdiction of the Regional District of Nanaimo (RDN). Please read the following four points BEFORE submitting your complaint.

- Animal Control (dogs):** This service is mostly contracted to Coastal Animal Control Services (CACS), 1-888-754-1397 or [cacs@telus.net](mailto:cacs@telus.net). Unless this is a **barking dog in Electoral Area A, B, or C**, in which case, fill this form out and submit it to the RDN.
- Illegal dumping:** If illegal dumping has occurred on the road or roadside, contact Mainroad at 1-877-215-6006. If illegal dumping has occurred on private property, please fill this form out and submit it to the RDN.
- Parking or traffic complaints:** In the RDN, the roads are under the authority of the Ministry of Transportation and Infrastructure (MOTI) at 250-751-3246. If a vehicle is uninsured or illegally parked, it may be a violation of the Motor Vehicle Act, therefore, contact the RCMP. The RDN does not regulate or maintain the roads.
- Septic or sewage concerns:** Septic systems are regulated by Island Health, 250-755-6215 (Nanaimo area) or 250-947-8222 (Parksville area).

## LOCATION OF THE OFFENCE

House Number: (If assigned)		Road Name:	
--------------------------------	--	---------------	--

Legal Description, PID or description of property (if an address not assigned):	
---	--

## COMPLAINANT INFORMATION

Please ensure you complete this section as anonymous or third-party complaints of alleged bylaw infractions may not be acted upon. Personal information collected on this form is collected for the purposes of processing a complaint, for administration and enforcement. The personal information is collected under the authority of the *Local Government Act*, the Regional District's Building Bylaw and pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*.

First Name:		Last Name:	
Address:		City/Prov:	Postal Code:
Email:		Tel:	Cell:

## COMPLAINT DETAILS

Please describe the nature of your complaint and the evidence of the alleged bylaw infraction:	
--	--

Please describe the impact the alleged bylaw infraction has on you:	
---	--

Please describe the steps you have taken to resolve the matter:	
---	--