



# Complaint of Non-compliance with a Regional Plan

*Alberta Land Stewardship Act*

## Land Use Secretariat

12th floor, South Petroleum Plaza  
9915 – 108 Street  
Edmonton, AB T5K 2G8  
TEL: 780-644-7972 or Toll Free Rite Line at: 310-0000  
Email: [LUF@gov.ab.ca](mailto:LUF@gov.ab.ca)

Date Stamp - (Land Use Secretariat office use only)

Prior to completing the form below, you are strongly encouraged to review the [Frequently Asked Questions for Submitting a Complaint of Non-compliance with a Regional Plan](#) document as well as section 62 of the [Alberta Land Stewardship Act](#) (ALSA); both are available on the Alberta Land-use website: [www.landuse.alberta.ca](http://www.landuse.alberta.ca).

## Instructions

- Complete one form for each request for complaint being filed
- Please print clearly
- Legal representation is not required; however if representation has been retained, indicate this in Part 3 of the form
- Submit completed form with the original signature, and any supplemental information by personal service, registered mail, courier, fax or email to the Land Use Secretariat (contact information at the top of this form).

## PART 1: DETAILS OF COMPLAINT

A) Name of Regional Plan: \_\_\_\_\_

Specific provision(s) of the regional plan: \_\_\_\_\_

B) Legal land description (township, range, meridian) that is the subject of the complaint, if applicable:

\_\_\_\_\_

C) The name(s) of the government agency, organization or person that your complaint is about:

\_\_\_\_\_

D) Summarize what your complaint is about. Clearly identify the specific provision(s) (section) of the Regional Plan that you believe is not being complied with and explain the nature of the non-compliance.

E) Have you contacted any of the persons or authorities named in part C above regarding this complaint?

☐ No

☐ Yes - List the dates, names, phone numbers, addresses (if possible) and the outcome of the interaction:

F) List any steps you have taken to try to resolve the matter and the relevant dates, file or reference numbers:

G) *Section 62(2)(b) of ALSA requires the Stewardship Commissioner to be satisfied that the matter complained of is not the subject or part of the subject of an application, process, decision or appeal governed by an enactment or regulatory instrument, or that there is not an adequate remedy under the law or existing administrative practices, and no other person should investigate the complaint.*

**Did you file an appeal or apply for a review?**

☐ No

☐ Yes - Name of the government, agency or organization: \_\_\_\_\_

**What was the result of the appeal or review?** \_\_\_\_\_

☐ A copy of the results of the review or appeal will be submitted with the form

H) Describe the result or outcome you seek:

## PART 2: APPLICANT INFORMATION

You are submitting the complaint as an: ☐ Individual ☐ Corporation

First Name:

Last Name:

Company Name:

Professional Title:

Email Address:

Fax #:

By providing an e-mail address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #:

Alternate Telephone #:

Mailing Address:

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

Signature:

Date:

*You must notify the Land Use Secretariat of any change of address or telephone number in writing.*

Personal information requested on this form is collected under the provisions of the *Protection of Privacy Act*, Chapter/Regulation: P-28.5 2024, for the purpose of investigating complaints of non-compliance with a regional plan.

### PART 3: REPRESENTATIVE INFORMATION (IF APPLICABLE)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

By providing an e-mail address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

### PART 4: CONSENT

I, \_\_\_\_\_ (name) consent to the information in this complaint form, including my personal information being disclosed to:

- (a) the subject of this complaint so that he/she may respond; and
- (b) other relevant persons, authorities, departments, agencies, boards or commissions who may have information relevant to this complaint

In accordance with provisions of the *Protection of Privacy Act*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are representing the complainant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Confirm this by checking the box below.

☐ I certify that I have written authorization from the complainant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.