



COMPLAINT FORM

Guide Dog and Service Dog Act

To make a complaint, complete this form and email it to SPDCOMP@gov.bc.ca or mail it to: **Security Programs Division**, PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1. If you mail the form, please write "Attention: Compliance and Enforcement" on the envelope.

PART 1: COMPLAINANT CONTACT INFORMATION

Complainant's Name				
Surname		Legal Given Name		Middle Name
If you have been asked to complete this form on behalf of the complainant named above, what is your relationship to the complainant?				
<input type="radio"/> Friend <input type="radio"/> Relative <input type="radio"/> Other (describe):				
Your Name				
Surname		Legal Given Name		Middle Name
Your Telephone Number Area Code & Phone No.				
Complainant's Residential Address				
Residential Address		City	Province	Postal Code
Complainant's Telephone Number Area Code & Phone No.		Email		
If we need to speak with you, what is the best time to call you? (Time) <input type="radio"/> am <input type="radio"/> pm				
If we have trouble reaching you, may we leave a message at a particular number?				
<input type="radio"/> Yes, at phone number: <input type="radio"/> I understand this complaint may be cancelled if we are unable to contact you within 30 days of filing this complaint				

PART 2: COMPLAINT DETAILS

Please select what your complaint is in regards to:

- Complaint about offence-related matters (false representation, public access rights issues, tenancy rights issues)
- Complaint about Dog & Handler Teams
- Complaint about Discriminatory Strata Council Bylaws
- Complaint related to section 23.1 of the *Prevention of Cruelty to Animal Act* (harm or interference of a Service animal)
- Other: _____

Particulars of the incident. Please describe the incident as completely as possible. Provide Information such as address, phone number, name of individual, name of business, name of strata property, guide dog or service dog certificate # (as applicable). Attach another page if necessary.

Date: YYYY	MM	DD	Time Incident Occurred	Location
			<input type="radio"/> am <input type="radio"/> pm	

I certify that the information provided is true to my knowledge.

Printed Name	Signature	Date Signed
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Collection Notice: The use of this information will comply with the *Freedom of Information and Protection of Privacy Act*. If you have questions regarding the collection or use of this information, please contact a Policy Analyst at 1-855-587-0185 or the address below.