

Victoria, BC V8W 9J1; email to PillPressLicensing@gov.bc.ca; or by telephone at 1-855-587-0185.

COMPLAINT FORM Pill Press and Related Equipment Control Act (PPRECA)

To make a complaint, complete this form and email it to PillPressComplaints@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. Please note that anonymous complaints will not be accepted.

PART 1: COMPLAINANT CONTACT INFORMATION					
Complainant's Name					
Surname	Legal Given Name		Middle Name	Middle Name	
Organization Name (If Applicable)	1				
Complainant's Contact Information					
Telephone Number		Email			
Complainant's Residential Address					
Residential Address		City		Province	Postal Code
If we need to speak with you, what is the best time	to call you? (Time)		am	pm	
If we have trouble reaching you, may we leave a message at a particular number?					
Yes, at phone number (if different from above):				
No, but I understand that if you are unable to complaint may be considered closed and no furth		Contact Information	above within	30 days of filing t	his complaint, the
PART 2: COMPLAINT DETAILS					
Particulars of the incident. Please describe the incidence took place, name of individual, name of business, p if necessary, and copies of supporting documentati	hone number and t				
Date (mm/dd/yy):	Location/Address	where the incident t	ook place		
I certify that the information provided is true to my	knowieage.				
Printed Name		Signature		Da	te Signed
Collection Notice: The Security Programs Division will collect you (PPRECA) and associated regulations, compliance and enforcement in have any questions about the collection, use, or disclosure of person	natters in accordance wit	h Sections 26 (a) and (c) of th	e Freedom of Info	ormation and Protection	of Privacy Act. Should you