

COMPLAINT ON AN INCIDENT INVOLVING A SECURITY BUSINESS OR SECURITY WORKER

PART 1: COMPLAINANT CONTACT INFORMATION

COMPLAINANT'S NAME: _____

SURNAME
LEGAL GIVEN NAME
MIDDLE NAME

Today's Date: _____
(YYYY/MM/DD) ***Please note: Anonymous complaints will not be accepted.***

| | | | |
|------------------------------------|------|----------|-------------|
| COMPLAINANT'S RESIDENTIAL ADDRESS: | CITY | PROVINCE | POSTAL CODE |
|------------------------------------|------|----------|-------------|

| | | | |
|---|------|----------|-------------|
| MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) | CITY | PROVINCE | POSTAL CODE |
|---|------|----------|-------------|

| | |
|---|--------|
| COMPLAINANT'S TELEPHONE NUMBER AREA CODE & PHONE NUMBER: | EMAIL: |
|---|--------|

If we need to speak with you, what is the best time to call you? (Time) _____ a.m. _____ p.m.

If we have trouble reaching you, may we leave a message at a particular phone number?
 Yes, at phone number (if different from above): _____
 No, but I understand that if you are unable to contact me within a month of filing this complaint, the complaint will be considered closed and no further action will be taken.

PART 2: COMPLAINT

Name the business or worker you are submitting a complaint about:
 In the area below or on a separate attached page, please outline the particulars of the incident and provide the following information if you have been able to obtain it: addresses, phone numbers, Business/Worker licence number, and descriptors. It will help us identify the business or worker involved.

| DATE: YYYY/MM/DD | TIME INCIDENT OCCURED | a.m. | p.m. | LOCATION |
|------------------|-----------------------|------|------|----------|
| | | | | |

Please attach copies of supporting documentation when submitting this complaint.

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

| | | |
|--------------|-----------|-------------|
| Printed Name | Signature | Date Signed |
|--------------|-----------|-------------|

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.