



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

If you have been asked to complete this form on behalf of the complainant named above, what is your relationship to the complainant? friend relative other (describe):

YOUR NAME: SURNAME LEGAL GIVEN NAME MIDDLE NAME AREA CODE AND PHONE NUMBER

COMPLAINANT'S RESIDENTIAL ADDRESS: CITY PROVINCE POSTAL CODE

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

AREA CODE AND PHONE NUMBER: home work mobile

EMAIL:

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

If we have trouble reaching you, may we leave a message at a particular phone number? Yes, at phone number: 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

1) Name the business or worker you are submitting a complaint about (please be as exact as you can):

2) Provide the following information if you have been able to obtain it (it will help us identify the business or worker) Business licence number: Worker licence number: Other information such as address, phone number, type of business:

[Empty box for business/worker information]

3) Particulars of the incident. Please describe the incident as completely as possible. Attach another page if necessary.

DATE: YYYY/MM/DD TIME INCIDENT OCCURRED a.m. p.m. LOCATION

[Empty box for incident details]