



(This space reserved for Office use only)

Please print or type in black ink.

Complainant Information

Family/Last Name(s) of Complainant				First Name		Middle Initial
Contact Address						
Street No.		Street Name				Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town		Province	Postal Code
Home Phone Number ()		Work Phone Number ()			Cell Phone Number ()	
Fax Number ()		Email Address				
Alternate mailing address where you can be contacted						
Street No.		Street Name				Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town		Province	Postal Code

Note: Please notify the Ministry immediately if you change your address, telephone, fax number or email address.

Are you filing on someone else's behalf? *If yes, please complete the information below.*

☐ No ☐ Yes

What is your relationship to the individual whom you are filing the complaint for?

Family/Last Name(s) of Individual				First Name		Middle Initial
Contact Address						
Street No.		Street Name				Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town		Province	Postal Code
Home Phone Number ()		Work Phone Number ()			Cell Phone Number ()	
Fax Number ()		Email Address				
Alternate mailing address where you can be contacted						
Street No.		Street Name				Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town		Province	Postal Code

Note: Please notify the Ministry immediately if the individual for whom you are filing the complaint changes their address, telephone, fax number or email address.

Date of Incident (yyyy/mm/dd)	Time of Incident	Location of Incident
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I am complaining that:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Name(s) and/or ID Number(s) of licensed individual(s) or business entity(ies) involved

Name of Security Guard/Private Investigator/Business Entity

ID Number

Description of licensee(s) involved, if names(s) unknown**Name, address and telephone numbers of witness(es)**

This form must be signed and dated by the Complainant and their Agent or Representative, if applicable. The completed form can be delivered in person or sent by mail to:

The Registrar, Private Security and Investigative Services Branch
Ministry of Community Safety and Correctional Services
777 Bay Street, 3rd Floor
Toronto ON M7A 2J6

Signature of Complainant

Date (yyyy/mm/dd)

Signature of Agent or Representative (if applicable)

Date (yyyy/mm/dd)

Personal information on this form is collected under the authority of the *Private Security and Investigative Services Act 2005*, R.S.O. 1990, S.O. 2005, c. 34., and will be used to investigate your complaint. Questions about this collection should be directed to:

The Registrar, Private Security and Investigative Services Branch
Ministry of Community Safety and Correctional Services
777 Bay Street, 3rd Floor, Toronto, ON M7A 2J6

Fax: 416 212-1603
Telephone: 416 212-1650
Toll Free: 1 866 767-7454