

Public Complaint

(This space reserved for Office use only)

Please print or t	ype in black ink				L			
Complainant	Information							
Family/Last Name(s) of Complainant					First Name		Middle Initial	
Contact Address								
Street No.	Street Name Unit/Suite/							
Rural Route	PO Box Postal Statio		on City/Town			Province	Postal Code	
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Home Phone Number			Work Phone Number Cell Phone Number			Cell Phone Number		
()								
Fax Number			Email Address					
()								
Alternate mailing address where you can be contacted Street No. Street Name Unit/Suite/Apt.								
Street No.	treet No. Street Name							
Dural Davita	DO Day	Dootel Otes		City/Toy		Dravinas	Deatel Code	
Rural Route	PO Box	Postal Station		City/Town		Province	Postal Code	
Note: Please noti	fv the Ministry imr	mediately if vo	ou change voi	l ur address, telepho	ne. fax number or	email address.		
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Are you filing on s	omeone else's be	ehalf? If yes, p	olease comple	ete the information	below.			
☐ No ☐ Y	es							
What is your relat	ionship to the indi	ividual whom	you are filing	the complaint for?				
Family/Last Name(s) of Individual				First Name			Middle Initial	
Contact Address Street No.	Unit/Suite/Apt.							
Olicel NO.	reet No. Street Name Unit/Suite/Apt							
Rural Route	PO Box	Postal Station	on	City/Town		Province	Postal Code	
Home Phone Number			Work Phone Number			Cell Phone Number		
()			()					
Fax Number			Email Addres	Email Address				
()								
Alternate mailing		ou can be con	tacted				1	
Street No. Street Name Unit/Suit						Unit/Suite/Apt.		
Rural Route								
	PO Box	Postal Statio		City/Town		Province	Postal Code	

email address.

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

Complaint Details Date of Incident (yyyy/mm/dd) Time of Incident Location of Incident Note: Complaints that may be a violation of the Criminal Code should be reported to the police. Please indicate whether this incident was reported to the police. Yes __ No N/A Describe the details of your complaint (address, who, what, when, where and why?) Additional pages may be attached. Please note here the additional number of pages attached, if any (I am complaining that:

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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, 3 rd 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

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