

COMPLAINT on an Incident Involving a Security Business or Security Worker

PART 1: COMPLAINANT CONTACT INFORMATION

Complainant's Name: (Surname) _____ (Legal Given) _____ (Middle) _____

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

Complainant's Residential Address:

Apt.# _____ Street Address _____ City/Town: _____ Province: _____ Postal Code: _____

- 1. Phone: (_____) _____ home work cell pager
- 2. Phone: (_____) _____ home work cell pager
- 3. Phone: (_____) _____ neighbour relative friend cell pager
- 4. Fax: (_____) _____ (optional)
- 5. E-mail: _____ (optional)

Security Programs and Police Technology Division office hours are Monday to Friday, 8:30a.m. to 4:30 p.m.

- If we need to speak with you, what is the best time to call you within our office hours? _____
- 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) Does this complaint involve a licensed security business or licensed security worker? yes no unsure
- 2) Name the business or worker you are submitting a complaint about: *(please be as exact as you can)*

- 3) Provide the following information if you have been able to get 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:

- 4) Particulars of the incident:

Date of incident: (year/month/day) _____ Time incident occurred: _____ a.m. p.m. **Where it happened:**

5) Describe the incident (what happened, who was there, etc.):

6) Why do you believe the actions of the business or the worker were unfair?

7) Have you taken steps to resolve this problem with the business or the worker? no yes

If yes, what steps have you taken?

8) Have you discussed this incident with anyone else, such as the employer, the police, a support group, etc.? no yes

If yes, provide names and contact information and also the file number or reference number if one was provided.

Complainant's Signature: _____

Date Signed: _____
year/month/day