



Confidential Complaint Form

Location of Offence (civic address) _____

Date Observed _____

NATURE OF COMPLAINT

COMPLAINANT INFORMATION **Anonymous complaints will not be investigated*

Name _____

Address _____

City _____ Email _____

Phone _____ Phone (Cell) _____

Signature of Complainant

Date

Anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. However, should this matter proceed to Court, you may be required to give evidence as a witness and your name and your filed complaint will become public information. If you wish to check on the status of this file, please call 604-820-3727.

FOR OFFICE USE ONLY

Date Received _____

Case File Number _____

Assigned Officer _____