

COMMUNITY POLICING COMPLAINT FORM

ILP 006

Complaint
Number: _____

By filling out and sending in this form, you can help to identify and solve community problems or concerns. All Information contained on this form will be reviewed by the Community Response Unit, and will be treated in a confidential manner.

Date submitted: _____

Problem/Concern: _____

_____**Location:**

Address: _____

Intersection: _____

When does the problem occur? Days of week: _____ Time: _____

I have observed this problem or concern: Once More than once Several times Many timesAre you willing to attend court if required? YES NO**Complainant Information:**Name: _____
Surname, GivenDOB: _____ Sex: _____
YYYY-MM-DD

Address: _____

City: _____ Postal Code: _____

Home: (____) _____ - _____

Business: (____) _____ - _____

Cellular: (____) _____ - _____

Pager: (____) _____ - _____

Mail, fax or drop off this form to:Toronto Police Service
53 Division Community Response
75 EGLINTON AVENUE W TORONTO
M4R-2G9

Fax #: 416-808-5302

Police Use Only

Received by _____ # _____ Date: _____

Complaint Entered on ILP by _____ Date: _____

Assigned to:

CR S/Sgt or D/Sgt _____ # _____ Date: _____

Complaint Officer _____ # _____ Date: _____