

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: _____ Zone: _____

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

I have observed this problem or concern: Once More than once Several times Many times

Are you willing to attend court if required? YES NO

Complainant Information:

Name: _____
Surname, Given
DOB: _____ Sex: _____
YYYY-MM-DD
Address: _____
City: _____ Postal Code: _____
Home: (____) _____ - _____
Business: (____) _____ - _____
Cellular: (____) _____ - _____
Pager: (____) _____ - _____

Mail, fax or drop off this form to:

Toronto Police Service
55 Division Community Response
101 COXWELL AVENUE TORONTO
M4L-3B3

Tel #: 416-808-5500
Fax #: 416-808-5502

Police Use Only		
Received by _____	# _____	Date: _____
Complaint Entered on ILP by _____		Date: _____
Assigned to:		
CR S/Sgt or D/Sgt _____	# _____	Date: _____
Complaint Officer _____	# _____	Date: _____