

COMMUNITY POLICING COMPLAINT FORM

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: (____) _____ - _____

e-Mail, mail, or fax this form to:

Toronto Police Service
 51 Div. Community Response Unit
 51 Parliament Street,
 Toronto ON M5A 2Y5

Email:
 Peter.Troup@torontopolice.on.ca &
 joanne.mueller@torontopolice.on.ca

Tel: 416-808-5100
 Fax: 416-808-5102

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