

# Schedule "A" – Complaint Form

## PART A. Person Filing Complaint

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_  
YYYY/MM/DD

## PART B. Complainant Information

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Name\*: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_  
YYYY/MM/DD

## PART C. Details of Complaint

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Incident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Incident Time (Approx.): \_\_\_\_\_  
YYYY/MM/DD

Incident Description:

Please include: What happened, where it happened, who was involved, and what was said or done.

*\* Attach additional pages if required.*

Witness Names: \_\_\_\_\_

List of Enclosed Documents:

*\* Attach additional pages if required.*

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY/MM/DD