Schedule "A" – Complaint Form

PART A. Person Filing Complaint

Name:	Address:
City:	Province:
Phone Number:	
Date of Birth://	
Email Address:	

PART B. Complainant Information

Name*:	Address:	
City:	Province:	
Phone Number:		
Date of Birth:// YYYY/MM/DD Email Address:		
PART C. Details of Complaint		
Incident Date://	_	
YYYY/MM/DD Incident Time (Approx.):		
Incident Description:		
	bened, 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.

Date: ____/__/___/____

Signature: