

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
12 Division Community Response
200 TRETHERY DRIVE YORK
M6M-5E6

Tel #: 416-808-1200
Fax #: 416-808-1202

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