

# 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:** (    )    -    \_\_\_\_\_

**Mail, fax or drop off this form to:**

Toronto Police Service  
14 Division Community Response Unit  
350 DOVERCOURT ROAD  
TORONTO, ON  
M6J-3E3

Tel #: 416-808-1400  
Fax #: 416-808-1402

Police Use Only

Received by \_\_\_\_\_ # \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Entered on ILP by \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to:

CR S/Sgt or D/Sgt \_\_\_\_\_ # \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Officer \_\_\_\_\_ # \_\_\_\_\_ Date: \_\_\_\_\_