

The Law Enforcement Review Act



COMPLAINT NO. _____

Office use only

Complainant's Surname		First Name	Date of Birth YY / MM / DD
			Email Address
Street Address		Phone No. Residence/Cell	
City / Province		Postal Code	Phone No. Business
Date of Incident YY / MM / DD	Location		Date Formal Complaint Received (Office use only)

Injuries Sustained <input type="checkbox"/> No <input type="checkbox"/> Yes (describe injury)		Photograph taken <input type="checkbox"/> No <input type="checkbox"/> Yes	
Attending Physician		Address	Date Attended YY / MM / DD
Witness(s) Name		Address	Phone
Affected Person (if different than complainant)		Telephone No.	Officer(s) Involved - Name / Rank / Number
Name			
Address			

Details of Incident (Must be typed or printed). Attach any additional information on separate sheets.

Complaint received by: (Person / Agency)	I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE
	Signature of Complainant