

(This space reserved for office use only)

PART 1 - INSTRUCTIONS

- Print clearly and complete all sections of this form using black or dark blue ink only. Do not use correction fluid/white-out.
- Submit your signed and dated form to:

Private Security and Investigative Services Branch
 25 Grosvenor Street, 12th Floor
 Toronto, ON M7A 1Y6

- You may also fax your completed Public Complaint Form to 1 416 212-1603.
- The public complaint form may also be scanned and e-mailed to PSIS.PrivateSecurity@ontario.ca
- For assistance, contact a Customer Service Representative at 1 416 212-1650 or toll-free at 1 866 767-7454, or visit our website at www.ontario.ca/private-security.

PART 2 - COMPLAINANT INFORMATION

Last Name / Surname of Complainant		First Name			Middle Name(s)	
Street No.	Street Name				Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code	
Home Phone No.		Mobile Phone No.		Fax No.	E-mail Address	

Alternate Mailing Address (e.g. place of work)

Street No.		Street Name			Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code	

PART 2a - Please complete this section ONLY if you are filing this complaint on behalf of someone else (e.g. lawyer, legal guardian).

What is your relationship to the individual for whom you are filing this complaint?

Last Name / Surname		First Name			Middle Name(s)	
Street No.	Street Name				Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code	
Home Phone No.		Mobile Phone No.		Fax No.	E-mail Address	

Alternate Mailing Address (e.g. place of work)

Street No.		Street Name			Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code	

PART 3 - DETAILS OF COMPLAINT

NOTE: Complaints that may be a violation of the *Criminal Code of Canada* should be reported to the police. Please indicate whether this incident was reported to the police:

- Yes No Not Applicable

Provide the name(s) and/or Licence Number(s) of licensed individual(s) and/or business entity involved if known

Name of Security Guard/Private Investigator/Business Entity	Licence Numbers or Other ID

Description of licensee(s) involved, if name(s) unknown

PART 4 - WITNESS(ES) DETAILS

Last Name / Surname of Witness		First Name			Middle Name(s)	
Street No.	Street Name				Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code	
Home Phone No.		Mobile Phone No.		Fax No.	E-mail Address	

Last Name / Surname of Witness		First Name			Middle Name(s)	
Street No.	Street Name				Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code	
Home Phone No.		Mobile Phone No.		Fax No.	E-mail Address	

PART 5 - AUTHORIZATION

Signature of Complainant X	Date of Signature (yyyy/mm/dd) 20__ / __ / __
Signature of Agent or Representative (if applicable) X	Date of Signature (yyyy/mm/dd) 20__ / __ / __

The information provided is collected under the authority of the *Private Security and Investigative Services Act, 2005* and will be used to investigate your complaint.