



Department of Justice

## COMPLAINT FORM

Public Safety and Security Division

Security Programs Office

1681 Granville Street, Joseph Howe Bldg.

P.O. Box 7, Halifax, NS B3J 2L6

This form should be used when filing a complaint against a licensed or unlicensed company or individual engaged in activities for which a license is required, pursuant to the *Private Investigators and Private Guards Act/Regulations*.

### Instructions

- Print clearly in black or blue ink, or type your responses directly on the form.
- Fill in each field to the best of your knowledge and recollection. This will help expedite the investigation.
- State facts clearly and briefly. Furnish the full names, addresses and phone numbers (if possible) of all parties to the complaint, including witnesses. The compliance office may follow up with you if any further clarification is required.
- All complaints must be signed by the complainant and filed as soon as practicable. You may also attach copies of any documents/photos that you feel are relevant to the complaint and may assist in the investigation.
- Please complete the form and return to our office via fax, (902) 424-0700, or mail to:** Nova Scotia Department of Justice, Public Safety Division, Security Programs Office, P.O. Box 7, Halifax, N.S., B3J 2L6

Complainant Information (Person Filing Complaint)			
Your Full Name (Identifies you as complainant)			
Home Address		Contact Number (day)	
City	Province	Postal Code	Contact Number (evening)
Business Name and address (if applicable)			Email
Business or Individual Against Whom This Complaint is Being Filed (Respondent)			
Person or Business Name			
Address		Phone	
City	Province	Postal Code	
Security License #	Cell Phone		Fax
List Any Witnesses			
Witness 1 Name		Phone Number	
Address	City		Postal Code
Witness 2 Name		Phone Number	
Address	City		Postal Code
Witness 3 Name		Phone Number	
Address	City		Postal Code

**Notice of Disclosure: A copy may be given to the party against whom the complaint is filed. Persons who file complaints should be willing to appear as witnesses and may be required to testify to the information provided concerning the allegations made in the complaint(s). Please call our office at (902) 424-2905 if you have any questions or concerns.**

<b>Description of Complaint</b>		
Date of incident:	Location of incident:	
<p>In the form of a brief statement, please provide the details of your complaint. Be factual and complete. Attach additional sheets if necessary. The compliance officer may follow up with you if any further clarification is required. <b>Note: If you have documentation that may support your complaint (letters, advertisements, photos, e-mails, etc.) please include <u>copies</u> (not originals) with this complaint form.</b></p>		
<b>Prior Notification</b>		
<p>Have you complained to the business and/or person involved?</p>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>In what form was your notification?</p>		
<input type="checkbox"/> Verbal	<input type="checkbox"/> Written (If written, include a copy)	<input type="checkbox"/> Not Applicable
<p>Did you receive a response?</p>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>If yes, what was the response?</p>		
<p>In what form was the response?</p>		
<input type="checkbox"/> Verbal	<input type="checkbox"/> Written (If written, include a copy)	<input type="checkbox"/> Not Applicable
<b>Affirmation</b>		
<p><b>I certify that the information provided by me in this complaint form is true and correct to the best of my knowledge and belief.</b></p>		
<hr/> <p>Signature</p>	<hr/> <p>Date</p>	
<hr/> <p>Print Name</p>		
<p><b>Caution</b></p> <p><b>Under Section 140 of the Criminal Code of Canada, it is an offence to make a false statement that accuses some other person of having committed an offence, and/or reporting that an offence has been committed when it has not been committed.</b></p>		

---

**Notice of Disclosure: A copy may be given to the party against whom the complaint is filed. Persons who file complaints should be willing to appear as witnesses and may be required to testify to the information provided concerning the allegations made in the complaint(s). Please call our office at (902) 424-2905 if you have any questions or concerns.**

---