

## COMPLAINT FORM - Pursuant to Police Services Act

Public Safety and Security Division  
Private Security Section

This form should be used when filing a complaint against a **provincial civil constable**, pursuant to the **Police Services Act**.

- ▶ You may, before printing, type your responses directly onto the form. Otherwise, the form must be typewritten or printed legibly with black ink.
- ▶ Please fill in each field to the best of your knowledge. This will help expedite the investigation. State facts clearly and briefly. Furnish the full names, addresses and phone numbers of all parties to the complaint, including witnesses. The compliance office may follow up with you if any further clarification is required.
- ▶ **Sign and date the form at the bottom.** Attach **copies** (not originals) of all pertinent documents. **Mail to:** Nova Scotia Department of Justice, Public Safety Division, Private Security Section, P.O. Box 7, Halifax, N.S., B3J 2L6, or via fax to (902) 424-4308.

Complainant Information (Person Filing Complaint)		
Your Full Name (Identifies you as complainant)		
Home Address		Home Phone
City	Province	Postal Code
Business Name (if applicable)		Business Phone
Business Address		Business Fax
City	Province	Postal Code
Respondent Information (Against Whom This Complaint is Being Filed)		
Respondent's Full Name (Identifies person as Defendant)		
Business Name (if applicable)		Phone
Business or Home Address		Fax
City	Province	Postal Code
Respondent 2 (If Applicable)		
Business Name (if applicable)		Phone
Business or Home Address		Fax
City	Province	Postal Code
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) 424-0859 if you have any questions or concerns.**

<b>Complaint</b>		
When did the subject of the complaint take place?:	Have you included documents pertaining to the complaint?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Prior Notification</b>		
Have you previously notified the respondent of your complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In what form was your notification?	<input type="checkbox"/> Verbal <input type="checkbox"/> Written (If written, include a copy) <input type="checkbox"/> Not Applicable	
Did you receive a response?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In what form was the response?	<input type="checkbox"/> Verbal <input type="checkbox"/> Written (If written, include a copy) <input type="checkbox"/> Not Applicable	
If the response was verbal, what was the response?		
<b>Description of Complaint</b>		
<p>In the form of a brief statement, give the details of your complaint. Be factual and complete. <b>Attach additional sheets if necessary.</b>            Answer who, what, where, when, why and how. The compliance officer may follow up with you if any further clarification is required.</p>		
<b>Affirmation</b>		
<p><b>I affirm that the information provided within, and attached hereto, this complaint is complete and accurate to the best of my knowledge.</b></p>		
_____ Signature		_____ Date
_____ Print Name		

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