



Department of Justice
Public Safety and Security Division
Security Programs

1681 Granville Street, Joseph Howe Bldg.
P. O. Box 7
HALIFAX, Nova Scotia
B3J 2L6
Fax : (902) 424-0700

Completing the Complaint Form - Instructions

Please be advised, it is an offence, under Section 140 of the Criminal Code of Canada, to make a false statement accusing someone of committing an offence which has not occurred, or to report an offence has been committed when it has not been committed. The Department of Justice will review the Complaint Form and decide upon the appropriate course of action. Incomplete Complaint Forms may not be processed for review.

Complainant's Name

Please clearly print your full name.

Address

Please clearly print your full mailing and/or civic address. Please provide your e-mail address in this section, if applicable.

Phone Number

Please provide any applicable home, business or mobile telephone numbers.

Name of Individual/Business the Complaint is Against

Please provide the name of the individual and/or business whom you are filing the complaint against.

Phone Number

Please provide any applicable home, business or mobile telephone numbers for the alleged offender, if known to you.

Nature of Complaint

Provide details of the alleged offence and attach a separate sheet(s) if additional space is required. Provide as much detail as possible including names, locations, dates, times, what offence took place, etc. Lack of information may delay the processing of the Complaint Form.

Specific Location

If applicable, provide the address where the alleged offence took place. In the case of multiple locations, use a separate Complaint Form for each location. Complaint Forms may not be processed if you fail to provide the specific location, at the date of filing.

Date of Occurrence

Provide the specific date that you witnessed, or were involved, in the alleged offence/occurrence, or the date of the incident for which this complaint has been filed.

Time

Provide the time, as specifically as possible, that you witnessed, or were involved, the alleged offence/occurrence, or the time of the incident for which this complaint has been filed.

Witness/Address/Phone

Provide the name and all relevant contact information of the person(s) witnessing the alleged offence or occurrence of the incident for which this complaint has been filed.

Please complete the attached form and return to our office via fax, mail or email to secprog@gov.ns.ca

Department of Justice, Public Safety and Security Division
Security Programs Office
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