

The person making the complaint is the complainant.

CSA File Number	RCMP File Number (if necessary)
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Type of Occurrence:	Offending Property Address:	Date of Incident:
Complainant Surname:	Complainant Given Names:	Time of Incident:
Complainant Home Address (Street / City / Province / Postal Code):		Complainant Phone Number:
Complainant Email Address:		<input type="checkbox"/> Non-Affiliated <input type="checkbox"/> Staff

I understand that this statement will be considered part of the official investigation and that I may be called on to testify or provide written or verbal clarifying statements. The statement I have provided is an accurate account of the case to the best of my knowledge.

Complainant Signature	Date:	Time:	Page ___ of ___
Taken by: ID #: Name:	Signature	Date:	Time: