COMPLAIN	

2535, boul. Laurie Québec (Québec) Telephone Toll free number Fax	G1V 4M3 (418) 643-7897							
E-mail	` '	e.quebec@msp.gouv.q	ıc.ca					
COMPLAINAN	г							
M ^{rs.} ☐ Last name	M ^{rs.} ☐ Last name First name				Date of birth / / year / month / day			
Address Apt.					Telephone (res.) () Telephone (cell) ()			
City			Telephone (off.)					
Electronic address					Fax ()			
I WOULD LIKE	TO COMPLAIN	ABOUT THE CO	NDUCT OF (or,	giving clues	s for identification)			
1- Name					Badge №			
2- Name					Badge №			
3- Name					Badge №			
Name of the concern	ed police force or org	ganization			Precinct			
DATE AND HO	UR OF THE EVE	NT THAT GAVE	RISE TO THE	COMPL 4	\\\\T			
Year	Month	one year		Generally one year	y, the time limit for filing a police ethics complaint is from the date of the event or the awareness of the m which the complaint arose.			
PLACE OF EVE	ENT (complete add	ress, if available)						
	ECT WITNESS OF		YES	□ NO				
If available	LICE ON GODICIA	ALTIEL(O), AND/C	AK HOKET(O)					
			IMENTS (TICKET, I	MEDICAL	REPORT, PHOTO, ETC.) →			
SUBJECT OF THE COMPLAINT Provide a brief summary of the event and explain your complaint, describing precisely the acts or omissions reproached and reporting their comments as accurately as possible.								
reporting their con	illents as accurate	iy as possible.						

(Fill out other sections on the back)

20161004-eng

(Finish writing your complaint)							
CIVIL WITNESSES AND POLICE O	FFICERS						
1- Name:	First name:	Telephone: ()					
Address:							
2- Name:	First name:	Telephone: ()					
Address:							
3- Name:	First name:	Telephone: ()					
Address:	<u> </u>	, , , , , , , , , , , , , , , ,					
Signed on a (Date)	t (Municipality)	(Signature of complainant)					