

**VILLAGE OF AMISK**

**PROTECTIVE SERVICES COMPLAINT FORM**

DATE: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

.....  
Name of Subject: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

.....  
Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainants Signature**

**Complaint Taken By:**

**Please Note: Any person who makes a complaint where charges must be laid or a Non Guilty Plea has been made will be summoned to appear in Alberta Provincial Court.**

*Office use only*

File Number: \_\_\_\_\_

File Entered: Y / N Supervisor Notified: Y / N