

# Complaint

(regarding Security Staff)

OFFICE USE ONLY

City of Mississauga  
Office of the City Clerk  
300 City Centre Drive  
Mississauga Ontario L5B 3C1  
www.mississauga.ca



MISSISSAUGA

Personal information on this form is collected pursuant to Section 11 (1) of the *Municipal Act 2001, SO 2001, c. 25*, and will be used for the purpose of administering the Code of Conduct & Complaints Procedure for Security Staff. Questions about this collection should be directed to: Access and Privacy Officer, Office of the City Clerk, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario L5B 3C1. Telephone 905-615-3200 ext. 5181.

## Complainant Information

Family/Last Name(s)	First Name	Middle Initial
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Contact Address

City / Town	Province	Postal Code
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Home Phone Number	Work Phone Number	Cell Phone Number
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Fax Number	E-mail Address
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**Note:** Please notify the Office of the City Clerk, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1, immediately if you change your address, telephone, fax number or email address.

Are you filing on someone else's behalf? *If yes, please complete the information below:*

No  Yes

What is your relationship to the individual whom you are filing the complaint for?

Family/Last Name(s) of Individual(s)	First Name	Middle Initial
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Contact Address

City / Town	Province	Postal Code
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Home Phone Number	Work Phone Number	Cell Phone Number
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Fax Number	E-mail Address
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**Note:** Please notify the Office of the City Clerk, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1, immediately if the individual for whom you are filing the complaint changes their address, telephone, fax number or e-mail address.

## Security Information

### Name(s) and/or ID Number(s) of Security Staff

Name of Security Staff	ID Number (if available)

### Description of Security Staff involved, if name(s) unknown

**Name, Address and Telephone numbers of Witness(es)**

Family/Last Name(s) of Witness(es)		First Name	Middle Initial
Contact Address			
City / Town		Province	Postal Code
Home Phone Number	Work Phone Number	Cell Phone Number	
Fax Number	E-mail Address		

**Complaint Details**

Date of Incident (YYYY/MM/DD)	Time of Incident	Location of Incident
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**Note:** Complaints that may be a violation of the *Criminal Code* should be reported to the police. Please indicate whether this incident was reported to the police.

Yes     No     N/A

Describe the details of your complaint (address, who, what, when, where, and why?) Additional pages may be attached. Please note here the additional number of pages attached if any. \_\_\_\_\_

I am complaining that:

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**This form must be signed and dated by the Complainant and their Agent or Representative, if applicable. The completed form can be delivered in person or sent by mail to:** City of Mississauga, Office of the City Clerk, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1.

Signature of Complainant	Date (YYYY/MM/DD)
Signature of Agent or Representative (if applicable)	Date (YYYY/MM/DD)