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LEGISLATIVE ASSEMBLY OF ALBERTA

Code of Conduct Complaint Form

INSTRUCTIONS

1. If you wish to file a complaint regarding an alleged breach of the Legislative Security Officer Code of Conduct, please complete this form. Other concerns may be directed to: office-of-the-sergeant-at-arms@assembly.ab.ca.
2. Provide as much detail as possible by completing all applicable areas of the form.
3. A complaint form must be submitted by e-mail or post within one (1) year of the date on which the subject matter became known or could reasonably have become known.

COMPLAINANT INFORMATION

Title	Last name	First name	Initial
Mailing address/ Home address			
City/ Province	Postal Code	Telephone (Home)	Telephone (Work)
Telephone (Cellular)	E-mail Address		
Are you the person directly involved? YES☐ NO☐	If no, what is your relationship to the person involved:		
If you answered no, please complete the information below for the person directly involved:			
Title	Last name	First name	Initial
Home address		Telephone (Home)	Telephone (Cellular)

COMPLAINT DETAILS

Date of Incident:	Time of Incident:	Location of incident: (Street Address or Landmark)
Please describe what happened. Be sure to include how you were directly affected with as much detail as possible: **WHO, WHAT, WHEN, WHERE, WHY and HOW** (Additional space on Page 2, if required)		

INTERNAL USE ONLY	
Complaint File No.	

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DESCRIPTION OF COMPLAINT (continued)

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INFORMATION

Was medical treatment received? YES☐ NO☐	Date received: *yyyy/mm/dd*
If yes, describe the injuries for which treatment was received:	
Are you including any photographs or documentation to support your complaint? YES☐ NO☐ (If yes, list below)	
List any photographs or documentation you are submitting:	

Interpreter required? YES☐ NO☐	
If yes, for which language	

WITNESS INFORMATION

Title	Last name	First name	Initial
Mailing address/Home address			
City/Province	Postal Code	Telephone (Home)	Telephone (Work)
Telephone (Mobile)		E-mail Address	

Title	Last name	First name	Initial
Mailing address/Home address			
City/Province	Postal Code	Telephone (Home)	Telephone (Work)
Telephone (Mobile)		E-mail Address	

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Title	Last name	First name	Initial
Mailing address/Home address			
City/Province	Postal Code	Telephone (Home)	Telephone (Work)
Telephone (Mobile)		E-mail Address	

Title	Last name	First name	Initial
Mailing address/Home address			
City/Province	Postal Code	Telephone (Home)	Telephone (Work)
Telephone (Mobile)		E-mail Address	

LEGISLATIVE SECURITY OFFICER INFORMATION

If Name(s) of Officer(s) are unknown, see below	Badge:		Name of officer involved:
	Badge:		Name of officer involved:
	Badge:		Name of officer involved:
Physical description of Legislative Security Officer(s) involved if name(s) unknown:			

Complainant signature: Remember to sign your form.	Date:

The personal information provided in this form is collected under section 4 of the *Protection of Privacy Act* and Division 4 of the *Legislative Assembly Act*. Your personal information will be used and disclosed for the purpose of reviewing your complaint. If you have questions about this form or the collection, use or disclosure of your personal information, please contact: Office of the Sergeant-at-Arms at office-of-the-sergeant-at-arms@assembly.ab.ca.

Completed forms may be submitted by email to LSOComplaintSubmission@assembly.ab.ca or by post to:

Office of the Sergeant-at-Arms
Re: Security Service Complaint (CONFIDENTIAL)
4th Floor, Alberta Legislature Building, 10800-107 St
Edmonton, AB T5K 2B6