



Drug War Survivors Incident Complaint Form

For assistance completing the form please speak to one of the Steering Committee Members:

Nick, Val, Kaih, Wally, Doug, Harvey, George, Rene

Date of Incident: _____ 2018.

Alleged Offender: _____

Name of Organization, *including Police and By-Law Officers*: _____

Location of Incident: _____

Description of Incident: _____

Date complaint filed _____

Received by: _____

Evidence, Follow up notes: