FORM 16

# CITIZEN COMPLAINT FORM

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**USE THIS FORM TO MAKE A COMPLAINT TO THE POLICE IF YOU BELIEVE THAT AN OFFENCE HAS BEEN, IS BEING OR MAY BE COMMITTED UNDER THE *NUNAVUT ELECTIONS ACT.***

## YOUR CONTACT INFORMATION (Fields marked ♦ are mandatory)

**YOUR COMMUNITY♦**

**YOUR FULL NAME♦**

**HOME ADDRESS♦**
HOUSE/APT # STREET

**MAILING ADDRESS♦**
PO BOX POSTAL CODE

**DAYTIME PHONE NUMBER♦** ( )
**EVENING PHONE NUMBER** ( )

**EMAIL ADDRESS**

## COMPLAINT SUMMARY♦

Please give a summary of your complaint. Provide details about the events and when you became aware of these events. Attach any relevant documentation you may have. Further details may be requested from you later.

- Who are you complaining about? _____
- When did it happen? _____
- Where did it happen? _____
- What happened? _____

_____

_____

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## SUBMITTING COMPLAINT

**Your complaint <u>must</u> be submitted to the Royal Canadian Mounted Police (RCMP) within 90 days after you became aware of the offence. You can bring it to your community's local RCMP detachment or send it to:**

**'V'** Division Criminal Operations
PO Bag 500
Iqaluit, NU X0A 0H0
vdiv_crimops@rcmp-grc.gc.ca

fax: 867-975-4438

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