

# 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](mailto: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 <input type="checkbox"/> NO <input type="checkbox"/>		If no, what is your relationship to the person involved:	
<b>If you answered no, please complete the information below for the person directly involved:</b>			
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: <b>WHO, WHAT, WHEN, WHERE, WHY and HOW</b> (Additional space on Page 2, if required)		

<b>INTERNAL USE ONLY</b>	
<b>Complaint File No.</b>	

DESCRIPTION OF COMPLAINT (continued)

**INFORMATION**

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

Interpreter required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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	

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:	Date:
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The personal information provided in this form is collected under section 33 of the *Freedom of Information and 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: FOIP Coordinator, 3<sup>th</sup> Floor, 9820 – 107 Street NW, Edmonton, Alberta T5K 1E7 (telephone: 780.427.0204; email: [foip@assembly.ab.ca](mailto:foip@assembly.ab.ca)).

Completed forms may be submitted by email to [LSOComplaintSubmission@assembly.ab.ca](mailto:LSOComplaintSubmission@assembly.ab.ca) or by post to:

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