



# SASK911 COMPLAINT REPORT

<b>Date of Request:</b>	<b>Concerned Agency:</b>	<b>Person Making Complaint:</b>	<b>Your Ref. No.:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>	<b>Signature:</b>	

<b>Case Number:</b>	<b>Date of Call:</b>	<b>Time Of Call:</b>	<b>Operator:</b>	<b>How was call originated:</b>
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<b>Type of Call:</b>	<b>Location of Incident:</b>
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<b>Complainant Name:</b>	<b>Complainant Phone:</b>	<b>Complainant Address:</b>
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**Other applicable details of call:**

**Person or Agency's Concern: (provide as much detail as possible)**

**Investigation Findings:**



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**Disclaimer:**

This information is issued to the agency on a trust condition that it is not to be released to any third party without the expressed written authorization from Sask911. This information is released on a preliminary basis only and is subject to standard errors and omissions disclaimer.

Investigated By:	Date of Investigation:	Date Agency Notified of Findings:
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