

# MANNER OF DRIVING COMPLAINT

School Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

(Exact address or intersection)

Patrols: \_\_\_\_\_

## WITNESS

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Adult: Yes No Teacher: Yes No

## DESCRIPTION OF VEHICLE

License Plate No. \_\_\_\_\_ (Circle) SUV Van Car Truck Other: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

(Circle) Older / Newer Colour: \_\_\_\_\_

(Circle) Clean Dirty Rusted Tinted Windows Damaged

Other Descriptors: \_\_\_\_\_

## DESCRIPTION OF DRIVER

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Glasses: \_\_\_\_\_

Hair (Colour, Long/Short, Style) \_\_\_\_\_

Other Descriptors: \_\_\_\_\_

No. of Passengers: \_\_\_\_\_

Has this been an ongoing problem with this vehicle? \_\_\_\_\_

With a number of vehicles? \_\_\_\_\_ Is this a one time incident? \_\_\_\_\_

**DESCRIPTION OF INCIDENT** (Direction of Vehicle, were Patrols open/closed, number of students crossing/about to cross, any injuries, driver comments, etc.)

Please include as much information as possible. Caution or Charge cannot be laid without details.

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Please fax information to:

Constable Henry Burzynski #1302

Winnipeg Police Service – School Education Officer

Fax: 204-957-2450

Telephone: 204-770-6575