

PARKING COMPLAINT

SCHOOL: _____

DATE: _____ TIME: _____

LOCATION OF OFFENCE : _____

WITNESS NAME: _____

ADDRESS: _____

PHONE # RES: _____ BUS: _____

DESCRIPTION OF VEHICLE: LIC. # _____

MAKE: _____ Model: _____

COLOUR: _____

Driver: Male: _____ Female: _____ Unkown: _____

Number of Occupants: _____

DESCRIPTION OF INCIDENT: (Exact wording on sign in question.)

(Please fax or mail the above information to me on complaints that require my attention or incidents I should be made aware of – **Fax # 957-2450**. Thank you.)

Constable Henry Burzynski #1302
School Education Officer
Winnipeg Police Service
Community Relations