



General Statement / Complaint Form

Name: _____ Date: _____
Address: _____
City: _____ Prov: _____ Phone: _____

I, _____, state the following:

Signature _____

Date _____

Witness _____

Date _____



Declaration Generale / Formule de Plainte

Nom: _____ Date: _____

Addresses: _____

Ville: _____ Prov: _____ Phone: _____

Je, _____, affirme le suivant:

Signature

Date

Témoin

Date