



CITIZEN OR MUNICIPAL ADMINISTRATOR REQUEST

Request number (for police service only)

Date of request (yyyy-mm-dd)	Municipality
Name of unit	Email address

1. APPLICANT

Request submitted by: Citizen Municipal administrator Other applicant (specify):

1.1 CONTACT INFORMATION OF THE PERSON MAKING THE REQUEST

Surname, given name

Address (number, street, apartment, town, village or municipality) Postal code

Telephone Cellular phone Fax Email address

Request received Does the applicant want feedback? Yes No If so, how?

1.2 CITIZEN WITNESS AT THE ORIGIN OF THE REQUEST (if transmitted by a municipal administrator)

Surname, given name Email address

Address (number, street, apartment, town, village or municipality) Postal code Telephone

Does the citizen witness want feedback? Yes No If so, how?

2. IDENTIFICATION OF THE REQUEST

Type of request

Location (place where the event leading to the request took place)

Days of the week Monday Tuesday Wednesday Thursday Friday Saturday Sunday Time of day/night (e.g. between 7 :00 and 8 :00)

Description (nature of the request)

3. DESCRIPTION OF THE PERSON REFERRED TO IN THE REQUEST

3.1 IF UNKNOWN

Physical description (e.g. gender, age, height, weight, distinguishing features)

3.2 IF KNOWN

1	Surname, given name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address or residential area	
	Age (or date of birth)	Physical description
2	Surname, given name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address or residential area	
	Age (or date of birth)	Physical description

4. DESCRIPTION OF THE VEHICLE (if applicable)

Type of vehicle Make Model

Colour Shade Light Dark Size Small Medium Large Licence plate n/a

Distinguishing features



REQUEST FOLLOW-UP FOR POLICE SERVICE ONLY

5. VALIDATION

Person in charge	Municipality liaison officer notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Validation (yyyy-mm-dd) from _____ to _____
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ACTIONS TAKEN DURING THE VALIDATION

Date (yyyy-mm-dd)	Started at (hh:mm)	Ended at (hh:mm)	Badge number	Actions/results
				Contact with the applicant (by telephone or in person)

Note: Attach the SQ-3094A-Annex form, if needed.

Request founded <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, was the request solved? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments (e.g. actions taken, infrastructure issue)

If request not solved but founded, processed in PARL or by ASRP (strategic approach to problem-solving) (attach the SQ-025-001 form)

Priority	Activity	Deadline 1 (yyyy-mm-dd)	Deadline 2 (yyyy-mm-dd)
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Comments

6. ACCOUNTABILITY

Feedback to the applicant <input type="checkbox"/> Oui <input type="checkbox"/> Non	If yes (specify): <input type="checkbox"/> Citizen <input type="checkbox"/> Municipal administrator <input type="checkbox"/> Municipal administrator and citizen witness <input type="checkbox"/> Other applicant
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Means used for feedback to citizen or citizen witness	Means used for feedback to municipal administrator or other applicant
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By _____	Badge number _____	Date (yyyy-mm-dd) _____
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Comments of the applicant

7. REVIEW

Reviewed by _____	Badge number _____	Date (yyyy-mm-dd) _____
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