

CONTACT RECORD

Date: _____ **Time:** _____ am/pm
Day / mo / yr

Location: _____

Officer(s)

name badge #

name badge #

Reason for contact:

What happened: _____

more space →

Witnesses:

name phone

name phone

You have the right to bear witness. This record is for your use and protection. It is your personal property and the police cannot legally confiscate it.



COPKA
Citizens for Respectful Policing

(613) 757-3104 www.copka.ca