



**SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE**

**REQUEST FOR ACCESS TO RECORDS UNDER THE
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

TP Form 420300
Transit Police
Information Access
FEB 08 2018
RECEIVED

IMPORTANT INFORMATION – PLEASE READ FIRST

1. This form **MUST** be completed in full.
2. If you are requesting information about yourself, we require a copy of your government issued ID (e.g. Drivers licence).
3. We do **NOT** fax copies of police reports. You may make arrangements to pick up the report or we will send it to you via Canada Post.
4. Under the *Freedom of Information and Protection of Privacy Act*, we have thirty (30) days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received. We will **NOT** make any exceptions.
5. Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.

DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)

POLICE FILE NUMBER (S), IF KNOWN:

Please data on sexual assaults and harassment on transit, transit property and stops from January 1, 2013 to December 31, 2017 in Excel format.

If available, please provide all of the following information for each incident:

- date of incident
- general type of location of incident (bus, bus stop, train, train station etc.)
- route, if applicable
- specific address of incident and GPS coordinates if available
- type of incident (exhibitionism, groping, voyeurism, etc.)
- gender of perpetrator
- gender of victim
- outcome of incident (criminal charges, ban from transit system, none etc.)

IF YOU ARE REQUESTING PERSONAL INFORMATION ABOUT YOURSELF, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF BIRTH

YR | MO | DAY

DRIVER'S LICENCE NUMBER

PROVINCE

PREVIOUS SURNAME(S)

OTHER NAMES USED/NICKNAMES

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?

☐ YES ☒ NO

IF SO, PLEASE ATTACH AS APPROPRIATE:

- A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF

YOUR SIGNATURE

DATE SIGNED

YR | MO | DAY



**SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE**

TP Form AZ0300

**REQUEST FOR ACCESS TO RECORDS UNDER THE
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POLICE FILE NUMBER (S), IF KNOWN:

Please provide data on how many incidents of sexual assault or harassment on public transit were perpetrated by someone who had previously offended on your transit system? Please provide this data for each year from January 1, 2013 to December 31, 2017 in Excel format.

IF YOU ARE REQUESTING PERSONAL INFORMATION ABOUT YOURSELF, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF BIRTH | DRIVER'S LICENCE NUMBER | PROVINCE

YR | MO | DAY

PREVIOUS SURNAME(S)

OTHER NAMES USED/NICKNAMES

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? ☐ YES ☒ NO

IF SO, PLEASE ATTACH AS APPROPRIATE: A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF

YOUR SIGNATURE

DATE SIGNED

YR | MO | DAY



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POLICE FILE NUMBER (S), IF KNOWN:

Please provide a de-identified list of individuals who have current restrictions on their use of transit. Please include the type of restriction, the length of restriction and the reason for the restriction.

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DATE OF BIRTH

YR | MO | DAY

DRIVER'S LICENCE NUMBER

PROVINCE

PREVIOUS SURNAME(S)

OTHER NAMES USED/NICKNAMES

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?

☐

YES

☒

NO

IF SO, PLEASE ATTACH AS APPROPRIATE:

- A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
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