



# STEINBACH RCMP TIP FORM

Tip Phone: (204) 320-8229

---

1. Please describe the nature of the event(s).

---

---

---

---

---

---

---

2. When and where did the event(s) occur?

---

---

---

3. Who was involved? Describe them, if possible.

---

---

---

---

---

4. Please leave your contact information if you wish to be contacted by police.  
If you wish to remain anonymous, do not leave your contact information.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_