

# PUBLIC COMPLAINT FORM

**Instructions:**

PRINT CLEARLY

1. If you wish to lodge a complaint, you may write your own letter or use this form.  
The complaint normally must be within six months of the incident.
2. Please complete as many areas as you can and provide as much detail and information as possible.
3. **YOU** must be **DIRECTLY** affected by the officer's conduct or the police services policy or service.
4. The *Police services act* requires that all complaints be signed by the complainant.

**POLICE SERVICES ACT**

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	Last Name of Complainant	First Name	Initial
<input type="checkbox"/> Ms.				
Address (home)				
City	Zip Code	Telephone ( )	Cellular Tel. ( )	Fax No. ( )
Address (business or alternate location where you can be contacted)				
City	Zip Code	Telephone ( )	Fax No. ( )	E-mail address

**COMPLAINT DETAILS**

Date of Incident (MM/DD/YY)	Time of Incident a.m. p.m.	Location of Incident
Date of reported (MM/DD/YY)	Time reported a.m. p.m.	
Name of Police Service(s) involved	Division name/number	Police Service Location - Address
Complete the following sentence. <i>I am complaining that....</i>		

Describe what happened. Be sure to include how you were directly affected by the incident, and information about Who, What, When, Where and Why. (additional space on page 2 if required)

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**PHYSICAL EVIDENCE**

Was there physical injury involved? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe details of injury		
Medical treatment received? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date (MMDDYY)	Time
Location		
Physician	Telephone ( )	
Are you including any photographs or other evidence to support your complaint <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list on page 2		

Interpreter required? ( ) No ( ) Yes If Yes, Language

Empty space for interpreter information.

SIGNATURE OF COMPLAINANT \_\_\_\_\_ DATE \_\_\_\_\_

If name(s) of officer(s) unknown, See Below	Name of Officer Involved
	Badge #
	Name of Officer Involved
	Badge #
	Name of Officer Involved
	Badge #

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Brief description of complaint: (continued)

Empty space for brief description of complaint.

Description of Officer (s) involved, If name(s) unknown:

Empty space for description of officer(s) involved.

Names, addresses and telephone numbers of witness(es) (include badge number and/or description of any police officers who were not involved but may have witnessed incident)

Empty space for witness information.

List of photographs or other physical evidence submitted (continued)


TO BE COMPLETED BY OFFICER RECEIVING COMPLAINT

Complaint received by : (officer name/rank/badge, if applicable) \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint received: ( ) Letter ( ) In Person ( ) Fax ( ) OCCOPS

Confirm receipt of evidence supplied by complainant ( )

Consent to release of medical information obtained from complainant ( )

Copy of completed complaint provided to complainant ( )

Preliminary complaint classification by Chief or designate:

( ) Services ( ) Policies ( ) Officer(s) Conduct

INFORMAL RESOLUTION DISCUSSED ( ) No ( ) Yes If yes, use record of of informal resolution and attach to original complaint. If No explain

The persnal information on this form is collected and disclosed under the authority of the Police Services Act (s. 57 and/or 58) and will be used for the purpose of investigating the complaint referenced herin. Questions should be directed to:

\_\_\_\_\_ Police Service, (Telephone) \_\_\_\_\_