

# 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**

**COMPLAINT NO.**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.  <input type="checkbox"/> Ms.	Last Name of Complainant	First Name	Initial
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Address (home)

City/Province	Postal Code	Telephone No. (   )	Cellular Tel. (   )	Fax No. (   )
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Address (business or alternate location where you can be contacted)

City/Province	Postal Code	Telephone No. (   )	Fax No. (   )	E-mail Address
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**COMPLAINT DETAILS**

Date of incident (DD/MM/YY)	Time of incident a.m.                      p.m.	Location of Incident
Date reported (DD/MM/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 am complaining that ...*

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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?    No    Yes    If Yes, describe details of injury.

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Medical treatment received? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date (DD/MM/YY)	Time
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Location

Physician	Telephone No. (   )
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Are you including any photographs or other evidence to support your complaint?    No    Yes    If Yes, list on page 2.

Interpreter required?    No    Yes    If Yes, Language:

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

If name(s) of officer(s) unknown, see reverse	Name of officer involved Badge #
	Name of second officer involved Badge #
	Name of third officer involved Badge #

**PUBLIC COMPLAINT FORM**

**PRINT CLEARLY**

**Brief description of complaint:** (continued)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of officer(s) involved, if name(s) unknown:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

**Photos taken by police?**  No  Yes **If Yes, date/time and name of officer, including badge no.**

**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 Informal Resolution and attach to original complaint. If No, explain**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The personal 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 herein. Questions should be directed to:

The Professional Standards Branch,  
\_\_\_\_\_ Police Service, (Telephone) \_\_\_\_\_  
(Address) \_\_\_\_\_