

**INSTRUCTIONS:**

- 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) It must be YOU who is DIRECTLY affected by the officer's conduct or the Police Service's 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.<br><input type="checkbox"/> MRS. <input type="checkbox"/> MS. | LAST NAME OF COMPLAINANT | FIRST NAME  | INITIAL          |
| ADDRESS (HOME)   |                          | AREA        | TELEPHONE (RES.) |
| CITY / PROVINCE  |                          | POSTAL CODE | AREA CELLULAR    |
| ADDRESS (BUSINESS OR ALTERNATE LOCATION WHERE YOU CAN RECEIVE MAIL)                        |                          | AREA        | TELEPHONE        |
| CITY / PROVINCE  |                          | POSTAL CODE | E-MAIL ADDRESS   |

**COMPLAINT DETAILS**

|  |             |                        |          |                                  |
|--|-------------|------------------------|----------|----------------------------------|
| DATE OF INCIDENT   | Y Y M M D D | TIME OF INCIDENT       | AM<br>PM | LOCATION OF INCIDENT             |
| DATE REPORTED  | Y Y M M D D | TIME REPORTED          | AM<br>PM |                                  |
| NAME OF POLICE SERVICE(S) INVOLVED   |             | DIVISION NAME / NUMBER |          | OPP DETACHMENT (NAME / LOCATION) |
| COMPLETE THE FOLLOWING SENTENCE: <i>"I AM COMPLAINING THAT..."</i>   |             |                        |          |                                  |
|  |             |                        |          |                                  |
|  |             |                        |          |                                  |
|  |             |                        |          |                                  |
|  |             |                        |          |                                  |
| <b>DESCRIBE WHAT HAPPENED.</b> BE SURE TO INCLUDE HOW YOU WERE DIRECTLY AFFECTED BY THE INCIDENT, AND INFORMATION ABOUT <b>WHO, WHAT, WHEN, WHERE</b> AND <b>WHY</b><br><small>(ADDITIONAL SPACE ON PAGE 2, IF REQUIRED)</small> |             |                        |          |                                  |
|  |             |                        |          |                                  |
|  |             |                        |          |                                  |
|  |             |                        |          |                                  |
|  |             |                        |          |                                  |

**PHYSICAL EVIDENCE**

|  |  |             |   |           |
|--|--|-------------|---|-----------|
| WAS THERE PHYSICAL INJURY INVOLVED? IF YES, DESCRIBE DETAILS OF INJURY INVOLVED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |             |   |           |
| MEDICAL TREATMENT RECEIVED?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Y Y M M D D | TIME  | LOCATION  |
| PHYSICIAN  |  |             | AREA  | TELEPHONE |
| INTERPRETER REQUIRED? IF YES, WHICH LANGUAGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                    |  |             | ARE YOU INCLUDING ANY PHOTOGRAPHS OR OTHER EVIDENCE TO SUPPORT YOUR COMPLAINT?<br><input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, LIST ON PAGE 2) |           |
| <b>IF NAME(S) OF OFFICER(S) UNKNOWN, SEE PAGE 2</b>  | NAME OF OFFICER INVOLVED                                 | BADGE #     | SIGNATURE OF COMPLAINANT  |           |
|  | NAME OF SECOND OFFICER INVOLVED                          | BADGE #     |   |           |
|  | NAME OF THIRD OFFICER INVOLVED                           | BADGE #     |   |           |
|  |  |             | Y Y M M D D   |           |

