



OTTAWA POLICE SERVICE
SERVICE DE POLICE D'OTTAWA

Working together for a safer community
La sécurité de notre communauté, un travail d'équipe

PUBLIC COMPLAINT
FORM

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 services policy or service.
4. The Police Services Act requires that all complaints be signed by the complainant.

POLICE SERVICES ACT, 1990

COMPLAINT NO. _____

9 Mr. 9 Mrs. 9 Ms.	Last Name of Complainant	First Name	Initial
Address (home)			
City/Province	Postal Code	Telephone No. ()	Cellular Tel. ()
			Fax No. ()
Address (business or alternate location where can be contacted)			
City / Province	Postal Code	Telephone No. ()	Cellular Tel. ()
			Fax No. ()
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 Ottawa Police Service		Division/District/Section	
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 available on page 2, if required)			

Physical Evidence			
Was there physical injury involved? 9 Yes 9 No If Yes, describe details of injury.			
Medical treatment received? 9 Yes 9 No	Date (DD/MM/YY)	Time	
Location			
Physician			Telephone No. ()
Are you including any photographs or other evidence to support your complaint? 9 No 9 Yes If Yes, list on page 2.			
Interpreter required? 9 No 9 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 #			

Date:

PUBLIC COMPLAINT FORM

Complaint #

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 Ontario Civilian Commission on Police Services

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:

Service 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 as amended (s. 57 and s. 58) and will be used for the purpose of investigating the complaint referenced herein. Questions should be directed to:

The Professional Standards Section
Ottawa Police Service
P.O. Box 9634, Station T, Ottawa, Ontario, K1G 6H5
(Telephone) (613) 236 - 1222 extension 5832
(Facsimile) (613) 760-8127