



# GREATER SUDBURY POLICE SERVICE PUBLIC COMPLAINT FORM

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

COMPLAINT NO. \_\_\_\_\_

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms  <input type="checkbox"/> Mrs.	LAST NAME OF COMPLAINANT	FIRST NAME	INITIAL
ADDRESS		CITY	
PROVINCE	POSTAL CODE	TELEPHONE NO.	CELLULAR TEL.
ADDRESS (BUSINESS OR ALTERNATE LOCATION WHERE CAN BE CONTACTED)		CITY	
PROVINCE	POSTAL CODE	TELEPHONE NO.	FAX NUMBER
			E-MAIL ADDRESS

### COMPLAINT DETAILS

DATE OF INCIDENT (DD/MM/YY)	TIME OF INCIDENT	LOCATION OF INCIDENT
	A.M.                      P.M.	
DATE REPORTED (DD/MM/YY)	TIME REPORTED	
	A.M.                      P.M.	
NAME OF POLICE SERVICE(S) INVOLVED	DIVISION NAME/NUMBER	OPP DETACHMENT (NAME/LOCATION)
COMPLETE THE FOLLOWING SENTENCE. I am Complaining that.....		
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).		

### PHYSICAL EVIDENCE

WAS THERE PHYSICAL INJURY INVOLVED?	IF YES, DESCRIBE DETAILS OF INJURY
<input type="checkbox"/> YES  <input type="checkbox"/> NO	
MEDICAL TREATMENT REC'D	DATE (DD/MM/YY)                      TIME
<input type="checkbox"/> NO <input type="checkbox"/> YES	
LOCATION	PHYSICIAN'S NAME                      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?	IF YES, SPECIFY LANGUAGE
<input type="checkbox"/> NO <input type="checkbox"/> YES	
SIGNATURE OF COMPLAINANT	DATE
	NAME(S) OF OFFICERS INVOLVED                      BADGE NUMBER
1.	
2.	
3.	

BRIEF DESCRIPTION OF COMPLAINT (CONTINUED)
DESCRIPTION OF OFFICER(S), 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**

OFFICER RECEIVING COMPLAINT	RANK	BADGE NO.
DATE (DD/MM/YY)	LOCATION	
<input type="checkbox"/> LETTER <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> OCCOPS		
CONFIRM RECEIPT OF EVIDENCE SUPPLIED BY COMPLAINANT <input type="checkbox"/>		
PHOTOGRAPHS TAKEN BY POLICE?	IF YES, DATE/TIME AND NAME OF OFFICER INCLUDING BADGE NO.	
<input type="checkbox"/> NO <input type="checkbox"/> YES		
CONSENT TO RELEASE OF MEDICAL INFORMATION OBTAINED FROM COMPLAINANT <input type="checkbox"/>		
COPY OF COMPLETED COMPLAINT PROVIDED TO COMPLAINANT <input type="checkbox"/>		
PRELIMINARY COMPLAINT CLASSIFICATION BY CHIEF OR DESIGNATE		
<input type="checkbox"/> SERVICES <input type="checkbox"/> POLICIES <input type="checkbox"/> OFFICER'S CONDUCT		
INFORMAL RESOLUTION		
DISCUSSED <input type="checkbox"/> NO <input type="checkbox"/> 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 GREATER SUDBURY POLICE SERVICE PROFESSIONAL STANDARDS BRANCH, 190 BRADY ST., SUDBURY, ONTARIO. (705) 675-9171, EXT. 6606