

**SAMPLE
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COMPLAINT AGAINST THE POLICE

The OIPRD must have a signed form with the details of your complaint before we can begin to process the information. **Please make sure that you sign the declaration number 4. a. on this form.**

If you have filed this complaint with another government agency, police service, or this matter is currently before the courts, please indicate below:

I have filed this complaint with another government agency or police service (please specify):

This matter is currently before the courts.

COMPLETING THE FORM

The information in this form will be forwarded to the appropriate police complaints authority for consideration. This includes a professional standards department or police authority of the relevant police service.

Please use BLOCK CAPITALS when completing this form. If you have difficulties in filling out this form, or have any questions about the complaints process and would like to speak to the OIPRD prior to filling out the form, please call us at 1-877-411-4773 or 416-246-7071. Please make sure your complaint is readable, or the process may be delayed.

If you would like someone to act on your behalf please indicate so in 4. a. If a translator assisted you, please provide their details in addition to your own at the end of this form (in this case both parties must sign - see 4. b.).

1. YOUR DETAILS (complainant) *Please give us your contact details.*

Title (e.g., Mr.) **MR.** Given name: **JOE**
Family name: **PUBLIC**
Street address: **123 ANYWHERE STREET**
City: **ANYWHERE**
Province: **ON** Postal Code: **A1A 1A1** Date of birth: **31/10/1960**
Work telephone number: **123-555-1234**
Home telephone number: **123-555-4321**
Cell telephone number: **N/A**
Email: **JPUBLIC@GMAIL.COM**

I would like correspondence from the OIPRD to be sent to me by Mail Email

This is a complaint about something that happened to me.

This is a complaint about something that happened to someone else.

2. POLICE DETAILS

WHO? Which police service is your complaint about?

ANYWHERE POLICE SERVICE

If your complaint is against a specific officer(s), please give us any details you might have about the police officer(s) you would like to **make a complaint against**:

Name: **JOHN SMITH**

Rank: **CONSTABLE**

Badge No.: **UNKNOWN**

Any other identifier (e.g., age, height): **TALL AND SKINNY WITH SHORT WHITE HAIR AND A GOATEE**

Name: **JANE JONES**

Rank: **CONSTABLE**

Badge No.: **123456**

Any other identifier (e.g., age, height): **AVERAGE HEIGHT WITH A SLIM BUILD AND LONG BROWN HAIR TIED BACK IN A PONYTAIL**

If you know the police station where the officer(s) work, please give details:

NUMBER THREE DIVISION

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3. YOUR COMPLAINT DETAILS

WHERE? Where did the incident(s) that led to your complaint happen? Please fill in as much of the information as you know. If you do not know any specific details you may wish to include details of landmarks, etc.

Street address: UNKNOWN
Nearest intersection: INTERSECTION OF KING ST AND QUEEN ST
City: ANYWHERE
Any other details: NEAR THE CONVENIENCE STORE

WHEN? When did the incident(s) happen? If there is more than one date, please specify when the incidents occurred below.

Date: 3/10/2009 Time: 12:30 PM Date: N/A Time: N/A
Date: N/A Time: N/A Date: N/A Time: N/A

Or indicate the time period when the incident(s) occurred.

From: N/A To: N/A

WHAT? Please describe the circumstances that led to your complaint. Please include details of:

- Who was involved
- What was said and done
- Any other people who witnessed the incident (including other police officers)
- If there was any damage or injury
- If there was something that you feel caused the incident or affected your interaction with the police
- **If there is any evidence to preserve (e.g., medical records, photos, videos)**
- If this happened to someone else, the name and contact information of that person (if known).

At this stage we only require a summary of your complaint, but you may attach additional information or documents if necessary.

MY WIFE, PAT, AND I WERE SITTING IN FRONT OF THE CONVENIENCE STORE DRINKING POP WE HAD JUST PURCHASED. OFFICER SMITH CAME UP AND ASKED US TO "MOVE ALONG". I DIDN'T UNDERSTAND WHY WE COULDN'T SIT QUIETLY AND FINISH OUR DRINKS SO I QUESTIONED HIS ORDER. AT THIS POINT OFFICER JONES SHOWED UP AND ASKED "WHAT'S THE PROBLEM?" I SAID "NO PROBLEM - I JUST WANT TO FINISH MY DRINK." OFFICER SMITH REPEATED "I TOLD YOU TO MOVE ALONG" IN A VERY RUDE WAY. OFFICER JONES LOOKED AT HER PARTNER AND ROLLED HER EYES, I TOLD THEM I DIDN'T LIKE THEIR TONE AND ASKED FOR THEIR NAMES.

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4. a. DECLARATION

I certify that the information provided is true, and I am not excluded from making a complaint about this police service. I understand the information on this form will be forwarded to the appropriate authority for consideration. (This includes a professional standards department or police authority of the relevant police service).

Name (please print): JOE PUBLIC

Signature: Joe Public

Date: 06/11/2009 I am represented by an agent: Yes No

Name of agent: N/A

Please attach the contact details of your agent.

4. b. TRANSLATOR'S DECLARATION

I, (print name) N/A

declare that I have accurately translated the entire content of this form for the complainant from the English/French language to N/A language.

I am proficient in both languages and was able to communicate fully with the complainant. The complainant has indicated that she/he fully understands the entire content and the answers provided.

Signature: N/A

Date: N/A

ADDITIONAL INFORMATION

Please indicate if you need to be accommodated in the event of an interview by checking the appropriate boxes or filling in the section below:

- I used a translator to fill out this form, and I will need to arrange for a translator in the event of an interview.
- I will require a telephone typewriter service for interviews over the phone and my translator to be present for in-person interviews.

If there is any other information you feel is important please indicate it below:

N/A

INTAKE AT A POLICE STATION

If this form has been filled in or received at a police station, please provide the name and badge number of the intake officer:

Name: _____

Badge No.: _____

Date received: _____

This form must be sent to the OIPRD for processing by fax at **1-877-415-4773** or a scanned copy by email to **OIPRDcomplaints@ontario.ca**

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Personal information on this complaint form is collected and provided to the OIPRD by the Police Services Act (section 57 and/or 58) and will be used to investigate your complaint. If you have any questions about privacy protection and the Ontario government, please call the OIPRD at **1-877-411-4773** or visit our website at **www.oiprd.on.ca**