

Complaint About the Police



COMPLETING THE FORM


The OIPRD must have a signed complaint form in order to process your complaint. The OIPRD does not accept anonymous complaints. Please sign the declaration in section six on this form.


Please note that the information on this form will be sent to the police chief or the OPP Commissioner, in care of their professional standards unit, or to the police services board, and the police officers against whom the complaint is made.

If you have questions about filling out this form or about the complaints process, visit our website at: www.oiprd.on.ca or call us at: 1-877-411-4773 or 416-246-7071.

 Have you previously filed a related complaint with the OIPRD? Yes No


If yes, please provide the file number(s) of your other complaint(s):

 Is this complaint related to an ongoing Special Investigations Unit investigation? Yes No

 Is this complaint related to an ongoing criminal court proceeding? Yes No

If yes, please describe the type of charge and the next court date:

 Is this complaint about something that happened to you? Yes No

 How would you like correspondence from the OIPRD to be sent to you? Mail Email

I would consider early resolution or mediation for this matter.

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YOUR DETAILS (COMPLAINANT)

Title (e.g., Mr./Mrs./Ms.):

First (given) name:

Last (family) name:

Date of birth: Day Month Year

If under the age of 16, please provide your guardian's name and contact information:

Street address:

City:

Province: Postal code:

Main phone number:


Alternate phone number:

Email:

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POLICE DETAILS

 Name of police service your complaint is about:

 What police station/division/detachment does the officer(s) work at? (If known)

 Who is your complaint about [specific officer(s)]?

Name:

Badge #:

Name:

Badge #:

If there are more than two officers involved, please include that information in your complaint details in section three.

3 YOUR COMPLAINT DETAILS

Where did the incident(s) that led to your complaint happen? If you do not know the address or street names please include landmarks etc.

Street address:

Nearest intersection:

City:

When did the incident(s) happen? If there is more than one incident, include each date.

Day Month Year Time : AM PM

Day Month Year Time : AM PM

If there are many incidents that happened over a period of time include that information.

From: Day Month Year

To: Day Month Year

From: Day Month Year

To: Day Month Year

From: Day Month Year

To: Day Month Year

Complaints may be screened out if they are made more than six months after the incident. If the incident occurred more than six months ago, please provide the reason(s) for the delay in filing your complaint:

What is your complaint about?

Describe in detail what specifically happened to cause you to make a complaint. Consider the following:

- What did the officer(s) do, say or did not do that has caused you to make this complaint?
- Based on your complaint, what do you think the officer(s) should have done or said?
- Describe any injury or damage as a result of what the officer(s) did or didn't do. (A complaint with the OIPRD cannot result in financial compensation).
- If you are not the directly affected person, outline how you were affected (e.g., loss, damage, distress, and/or inconvenience).
- If this happened to someone else and you are a witness to the incident, please include the name and contact information of the person this happened to (if known).

You may attach additional information or documents if necessary.

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TRANSLATOR'S DECLARATION

I, (print name)

declare that I have accurately translated the content of this form for the complainant from English to (insert language)

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

Signature: Day Month Year

I used a translator to fill out this form and I will need to arrange for a translator in the event of an interview. Yes No

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ACCOMMODATION

If you have a disability, accommodations are available under the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act (AODA).

For more information about the AODA please email oiprd.accommodation@ontario.ca or call 1-877-411-4773 or 416-246-7071.

Please indicate how we may accomodate you:

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DECLARATION

I certify that the information provided on this form is true. I understand that the information on this form will be provided to the police chief or the OPP Commissioner, in care of their professional standards unit, or the police services board, and that this complaint may be investigated by the professional standards unit of the service I am complaining about, with oversight by the OIPRD.

Name (please print):

Signature:

Day

Month

Year

If you are represented by an agent, please have them contact the OIPRD.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information that you have provided on this complaint form is collected by the OIPRD under the Police Services Act. The information will be used to investigate your complaint. As an agency of the government, the OIPRD must adhere to the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about privacy protection, please contact the Freedom of Information and Privacy Office at the Ministry of the Attorney General at 416-326-4300.

INTAKE AT A POLICE STATION (FOR POLICE)

Intake Officer Name:

Badge #:

Date received:

Day

Month

Year

This complaint form and additional information provided by the complainant must be sent to the OIPRD for processing within three business days of receipt by a scanned copy to: oiprdcomplaints@ontario.ca, by mail, or by fax at 1-877-415-4773.