

Complaint About The Police



COMPLETING THE FORM

The APS must have a signed complaint form in order to process your complaint. 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, in care of our professional standards unit or to the police services board.

Have you made this complaint with another government agency or police service? Yes No

If yes, please specify: _____

Is this matter currently before the courts? Yes No

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

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

I would consider resolution or mediation for this matter.

1

YOUR DETAILS (COMPLAINANT)

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

First (given) name:

Last (family) name:

Middle name:

Date of birth: Day Month Year

Street address:

City:

Province: Postal code:

Main phone number:

Alternate phone number:

Email:

2

POLICE DETAILS

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

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

Name:

Rank: Badge #:

Any other identifier (e.g., age, height, weight, hair colour)

Name: _____

Rank: _____ Badge #: _____

Any other identifier (e.g., age, height, weight, hair colour)

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: _____

Any other details: _____

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

Day [] [] Month [] [] Year [] [] [] [] Time [] [] : [] [] AM PM

Day [] [] Month [] [] Year [] [] [] [] Time [] [] : [] [] AM PM


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 below.

From: Day [] [] Month [] [] Year [] [] [] []

To: Day [] [] Month [] [] Year [] [] [] []

 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 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.
- If you are not the directly affected person, outline how you were affected (e.g., loss, damage, distress, and/or inconvenience).
- Identify any evidence of the incident(s) you have (e.g., photo, audio, video, medical records).
- 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).

Complaints may be screened out if they are made more than six months after the incident. If the incident you are complaining about happened more than six months ago, please indicate if you are under the age of 16, if you are a person with a disability, if there is a criminal case in relation to this incident and/or if there is any other reason for your delay in making the complaint.

You may attach additional information or documents if necessary.

4

TRANSLATOR'S DECLARATION

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

Name and contact number of translator: _____ , _____

5

ACCOMMODATION

Do you require accommodation under the Accessibility for Ontarians with Disabilities Act (AODA)? Yes No

Please indicate how we may accommodate you:

Do you require a telephone typewriter service for interviews over the phone? Yes No

Do you require an ASL or LSQ interpreter? Yes No

6

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, 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.

Name (please print): _____

Signature: _____ Day Month Year

Are you represented by an agent? Yes No

Name of agent: _____

Please attach contact details of your agent. Correspondence will be sent to your agent. Anyone can act as an agent on your behalf.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information that you have provided on this complaint form is collected by the APS under the Police Services Act. The information will be used to investigate your complaint. As an agency of the government, the APS 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 APS for processing within three business days of receipt by a scanned copy to complaints@apscops.org, by mail, or by fax at 1-705-946-2859.