

WINDSOR POLICE SERVICE

POLICE SERVICES ACT - 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 a policy of the Windsor Police Service, a service provided by the Windsor Police Service, or the conduct of a Windsor Police officer.
4. The Police Services Act requires that all complaints be signed by the complainant.
5. Please read the Ontario Civilian Commission on Police Services pamphlet "Resolving Complaints" for further information.

COMPLAINANT INFORMATION

<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	Surname	First Name	Initial
<input type="checkbox"/>	Ms.					
Address (home)						
City/Province		Postal Code		Telephone No. ()	Cellular Tel. ()	Fax No. ()
Address (business or alternate location where you can be contacted)						
City/Province		Postal Code		Telephone No. ()	Fax No. ()	E-mail Address

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.	
Your complaint may be about the policies of the Windsor Police Service, a service provided by the Windsor Police Service, the conduct of Windsor Police officers, or a combination. Please complete the following sentence advising what your complaint is about.		
<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 on page 2, if required)		

INVOLVED OFFICERS

Supply names and badge numbers, if known. Assign numbers and descriptions if name and badge number are unknown. (i.e. #1 - male, white, 30 yrs, 180 lbs., blonde hair, regular uniform).

WITNESSES

List names, addresses and telephone numbers.

INJURIES

Was there physical injury involved? No Yes If Yes, describe details of injury or injuries.

Medical treatment received? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date (DD/MM/YY)	Time
Location		
Physician	Telephone No. ()	

PHYSICAL EVIDENCE

Are you including any photographs or other evidence to support your complaint? No Yes

List of photographs or other physical evidence submitted.

COMPLAINANT'S SIGNATURE	
Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Language: _____	
Signature of complainant _____	Date _____

FOR OFFICE USE ONLY	
Complaint received by:	
Name, Rank and badge number (PLEASE PRINT) _____	Signature _____
Date _____	
Location (i.e. HQ, EECP): _____ Date & Time: _____	
Complaint received: <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"/> Evidence tagged? <input type="checkbox"/>	
Evidence location _____	
Photos taken by police? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, date/time and name of officer, including badge no. _____	
Name and badge number (PLEASE PRINT) _____ Date & Time: _____	
Consent to release of medical information obtained from complainant <input type="checkbox"/>	
Copy of completed complaint provided to complainant. <input type="checkbox"/>	
Copy of OCCPS pamphlet provided to complainant. <input type="checkbox"/>	
INFORMAL RESOLUTION DISCUSSED <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how would the complainant wish his/her complaint be resolved? _____	
Preliminary complaint classification (for Professional Standards Branch ONLY)	
<input type="checkbox"/> Services <input type="checkbox"/> Policies <input type="checkbox"/> Officer(s) Conduct <input type="checkbox"/> Hybrid COMPLAINT FILE # _____	

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 Professional Standards Branch, Windsor Police Service, P.O. Box 60, Windsor, Ont. N9A 6J5, (519)255-6700 ext 4382.

Your completed complaint form may be mailed to the Windsor Police Service c/o Chief Gary Smith at the address above. You also have the option of faxing your complaint to the Windsor Police Service, Professional Standards Branch at (519) 255-6827. In the alternative, you may have your complaint delivered personally or by agent to the Windsor Police Service at Headquarters, 150 Goyeau St., East End Community Patrol, 2696 Jefferson.