

# COMMUNITY STANDARDS & NEIGHBOURHOODS Peace Officer Section PUBLIC COMPLAINT FORM

## INSTRUCTIONS

- 1. If you wish to file a complaint against a Peace Officer, you may use this form or submit your own letter in writing.
- 2. Please complete as many areas as you can and provide as much detail and information as possible.
- 3. Complaints must be in made in writing and can be submitted by E-mail, post, fax, or hand-delivered.

## COMPLAINANT INFORMATION

Mr. Ms. Mrs.	Last nan	ame		First name		Initial
Date of Birth yyyy/mmm/dd	Maili	Mailing address/ Home address				
City/ Province	ty/ Province Postal Code Telephone (		Telephone (Hon	(Home) Telephone (Work)		<)
Telephone (Cellular) E-mail Address						
Are you the person directly involved? YES INO I			□ NO □ Wha	What is your relationship to the person involved:		
Do you know the person directly involved? YES  NO						
If you answered YES, please complete the information below:						
Mr. Ms. Mrs.	Last nan	t name		First name		Initial
Date of Birth yyyy/mmm/dd Home address			Telephone (Hom	ne) Telep	hone (Cellular)	

## COMPLAINT DETAILS

Date of Incident:	Time of Incident:	Location of incident:
	Time of meldent.	
yyyy/mmm/dd		(Street Address or Landmark)
Data reported:	Time reported	
Date reported:	Time reported:	
yyyy/mmm/dd		
	and De ourse to implude h	we were directly offected with as reveal datail as reacible.
		ow you were directly affected with as much detail as possible:
WHO WHAT WHEN WHE	FRE WHY and HOW (A	dditional space on Page 2, if required)
		aditional space of rage 2, in required)
-		

# DESCRIPTION OF COMPLAINT (Continued)

Diagon describe what happened in as much detail as possible.	WILL WILLT WILLEN WILLER WILL and LOW
Please describe what happened in as much detail as possible:	WHO, WHAT, WHEN, WHERE, WHY and HOW

#### **EVIDENCE INFORMATION**

Did a physical injury occur? YES D NO D If yes, please describe details of the injury:				
Was medical treatment received? YES $\Box$ NO $\Box$	Date received: yyyy/mmm/dd	Location/Name of Medical Center:		
Physician's name: Telephone number:				
Are you including any photographs or other evide	nce to support your o	complaint? YES □ NO □ (If Yes, list below)		
If yes, list any photographs or other physical evidence you are submitting:				
List of photographs or any other evidence submitted: (continued)				
Interpreter required? YES 🗆 NO 🕒 If yes, Language:				

#### WITNESS INFORMATION

Names, addresses and telephone numbers of any witness(es): (Include badge number and names of any Peace Officers who were not involved but may have witnessed the incident)

#### PEACE OFFICER'S INFORMATION

If Name(s) of Officer(s) are unknown, see below	Badge:	Name of officer involved:
	Badge:	Name of officer involved:
	Badge:	Name of officer involved:
Physical description of Peace Officer(s) involved, if name(s) unknown:		

Complainant signature:	Date:
All complaint forms must be signed	yyyy/mmm/dd

The personal information on this form is collected and disclosed under the authority of the *Peace Officer Act* (Part 2 s. 14 & 15) and will be used for the sole purpose of investigating the complaint referenced herein. Questions may be directed to:

**Professional Standards Unit** 

Community Standards & Neighbourhoods, Peace Officer Section, 3<sup>rd</sup> Floor, Century Place, 9803 102A Avenue NW, Edmonton, AB T5J 3A3 Telephone (780) 442-1697 Facsimile (780) 429-6992

PSU Reference #		
X-reference File #'s		
POSSE #		
CACTIS #		
311 #		
EPS File #		

# TO BE COMPLETED BY PSU MEMBER RECEIVING COMPLAINT

YES 🗆 NO 🗆

Received by:

Date and time received:

Complaint received by: Letter □ In person □ Fax □ E-mail □

Confirm receipt of Evidence (If any submitted by complainant): YES  $\square$  NO  $\square$ 

Copy of completed complaint provided to complainant: ): YES  $\square$  NO  $\square$ 

Nature of complaint: Complaint of Service 
Complaint of Policy 
Complaint of Conduct

Public Complaint: YES 🗆 NO 🗆 Employer Initiated Complaint

YES D NO D

PSU Complaint classification: Notice of Concern 🗆 Informal Resolution 🗆 Formal Investigation 🗆 INFORMAL RESOLUTION DISCUSSED:

Details:

## **INTAKE NOTES**

-		
Date of Incident:	Time of Incident:	Location of incident: (Street Address or Landmark)
Date reported: yyyy/mmm/dd	Time reported:	