## Complaint Form

Office of the Police Complaint Commissioner British Columbia, Canada

If you wish to file a complaint concerning an officer with a municipal police department, please complete the form below. Please fill in as much information as possible and additional pages may be attached if required.

### What you should know:

#### **Registered Complaints**

Registered complaints are processed formally under the BC Police Act. The complaint must contain allegations of police misconduct; not be frivolous or vexatious; and the incident must have occurred within 12 months of the filing of the complaint. If the Office of the Police Complaint Commissioner determines the complaint meets this criteria, you will be entitled to various rights under the *Police Act*, including:

- Participating in a mediation session or informal resolution
- Being kept informed of the progress of the investigation
- Receiving a final investigation report
- Given the opportunity to make submissions on the complaint, adequacy of the investigation, and what you feel are appropriate disciplinary or corrective measures
- If not satisfied with the outcome, the ability to appeal the decision

### **Non-Registered Complaints**

If you simply want the police department to know your concerns, but do not wish to participate in the formal complaint process, you may file a "Non-Registered Complaint" with the originating police department. ALL complaints – Registered or Non-Registered – are recorded and reviewed by the OPCC.

If you would like further information about the *Police Act* complaint process before making your decision, please visit the OPCC website at <a href="https://www.opcc.bc.ca">www.opcc.bc.ca</a> or call at 1 877-999-8707.

st Indicates this information is required in order to proces	s your complaint. Please be as precise as pos	sible.
Last Name: *I	First Name: *	Title (eg. Mr)
Mailing Address (or where you'd like to be contacted	Home telephone:	
	Email Address:  e at least 1 way in which we can contact you *	
Where did the incident happen? *	(Year / Month / Day)	
Name of the Police Department involved: *  Name or badge number of Officer(s) – if known:		
Were there any witnesses? If so, please list their na	mes and contact information (if known):	
Describe your injuries (if any):	If you received treatmer	, ,
	Where? When?	

# **Description of Complaint** Please describe your complaint and the details of what occurred. If required, you may attach additional pages: Page \_\_ \_ of \_ Signature of Complainant Date signed The completed form may be submitted to any municipal police department or submitted directly to: The Office of the Police Complaint Commissioner 5<sup>th</sup> Floor, 947 Fort Street , PO Box 9895 Stn Prov Govt, Victoria, BC V8W 9T8 Tel: 250 356-7458 Fax: 250 356-6503 Website: www.opcc.bc.ca A wide variety of support groups are available to assist you with the complaint process. For help finding the right support group for your needs, please call our office at 1 877-999-8707 and ask for the Support Group Co-ordinator. A complete list of support groups is also available on our website. To be completed by the person receiving this complaint: I hereby acknowledge receipt of the above-noted complaint, Received on (Year/Month/Day) (Name of person receiving complaint) Agency receiving complaint: How was the complaint received? By mail $\square$ By phone □ By webmail $\square$ On Line $\square$ In person $\square$ If received orally, contents of complaint read back to Complainant? Yes $\ \square$ No $\ \square$ Copy of complaint acknowledging receipt provided to Complainant? Yes ☐ No ☐

Forwarded to OPCC: □

Date sent: