

Complaint Form

Office of the Police
Complaint Commissioner
British Columbia, Canada

If you wish to file a complaint against 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:

By completing this form and submitting your complaint to our office, you will be entitled you as a Complainant 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

If you simply want the police department and the OPCC to know about your concerns, but do not wish to participate in the formal complaint process, you may file a "Non-Registered Complaint" directly with the originating police department. Depending on the information provided, it may or may not result in an investigation and you will not have the same rights as set out above. 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, please visit the OPCC website at www.opcc.bc.ca or call us at 1 877-999-8707.

Your Details:

* Indicates this information is required in order to process your complaint. Please be as precise as possible.

Last Name: * _____ First Name: * _____ Title (eg. Mr): _____

Mailing Address (or where you'd like to be contacted): _____ Date of Birth: _____

_____ (Year / Month / Day)

_____ Home telephone: _____

_____ Work telephone: _____

Email address: _____ Cell phone: _____

* Please provide at least 1 way in which we can contact you *

Details of the Complaint:

When did the incident happen? * _____ Time it occurred? * _____

_____ (Year / Month / Day)

Where did the incident happen? * _____

Name of the Police Department involved: * _____ Police File # (if known): _____

Name or badge number of Officer(s) – if known: _____

Were there any witnesses? If so, please list their names and contact information (if known):

Describe your injuries (if any):

If you received treatment for your injuries:

Where? _____

When? _____

