

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 www.opcc.bc.ca or call at 1 877-999-8707.

How do you wish to proceed? (please check one): **Registered Complaint** **Non-Registered Complaint**

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: _____

Cell phone: _____

Email Address: _____

* 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? _____

