

APPENDIX A- Special Constable Complaints Form



- 1. Is this complaint related to an ongoing criminal court proceeding?  Yes  No
- 2. Is this complaint about something that happened to you?  Yes  No
- 3. How would you like correspondence from the Chief to be sent to you?  Mail  Email

**YOUR DETAILS (COMPLAINANT)**

First Name:

Last Name:

Date of Birth:

DD/MM/YY

If you are under the age of 16, please provide your Guardian's name and contact information:

First Name:

Last Name:

Street Address:

City:

Province:.

Postal Code:

Phone #:

Email Address:

**SPECIAL CONSTABLE DETAILS**

Name:

Badge #:

Name:

Badge #:

If there are more than two Special Constables involved, please include that information in your complaint details section.

## YOUR COMPLAINT DETAILS

Where did the incident(s) occur that led to your complaint? If you do not know the address or street names, please include landmarks, etc.

Address:

Nearest Intersection:

City:

When did the incident(s) occur? If there is more than one incident, include each date.

DD/MM/YY

DD/MM/YY

AM  PM

AM  PM

TIME

TIME

Complaints may be screened out if they are made more than six months after the incident. If the incident occurred more than six months ago, please provide the reason(s) for the delay in filing your complaint:

What is your complaint about?

Describe in detail what specifically happened to cause you to make a complaint. Consider the following:

- What did the Special Constable(s) do, say or did not do that has caused you to make this complaint?
- Based on your complaint, what do you think the Special Constable(s) should have done or said?
- Describe any injury or damage as a result of what the Special Constable(s) did or didn't do. *(A complaint filed with the Chief cannot result in financial compensation)*
- If you are not the directly affected person, outline how you were affected. *(e.g. loss, damage, distress, and/or inconvenience)*
- If this happened to someone else and you are a Witness to the incident, please include the name and contact information of the person that this happened to (if known).

You may attach additional information or documents as necessary.

## TRANSLATOR'S DECLARATION

N/A

I, (print name) \_\_\_\_\_

declare that I have accurately translated the content of this form for the Complainant from

English to (insert language) \_\_\_\_\_

I am proficient in both languages and was able to communicate fully with the Complainant. The Complainant has indicated that they fully understand the content and answers provided.

Signature: \_\_\_\_\_ Day: \_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_

I used a translator to fill out this form and I will need to arrange for a translator in the event of an interview.

Yes  No

## ACCOMMODATION

N/A

If you have a disability, accommodations are available under the *Ontario Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act (AODA)*.

Please indicate how we may accommodate you:

## DECLARATION

I certify that the information provided on this form is true. I understand that the information on this form will be provided to the Smiths Falls Police Service Chief of Police, in care of their Professional Standards Unit.

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_  
DD/MM/YY

If you are represented by an agent, please have them contact the Smiths Falls Police Service at [info@sfps.ca](mailto:info@sfps.ca)

**MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF  
PRIVACY**

The personal information that you have provided on this complaint form is collected by the Smiths Falls Police Service under the *Community Safety & Policing Act*. The information will be used to investigate your complaint. If you have any questions about privacy protection, please contact the Freedom of Information Department at [info@sfps.ca](mailto:info@sfps.ca)

**For Police Use Only:**

**Intake Officer Name:** \_\_\_\_\_ **Badge #:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

Please send this complaint form and any additional information to:

Chief of Police  
Smiths Falls Police Service  
7 Hershey Drive  
Smiths Falls, ON  
K7A-4W7

Or

[info@sfps.ca](mailto:info@sfps.ca)