

**Nishnawbe-Aski Police Service
Professional Standards Bureau (PSB)**

COMPLAINT AGAINST THE POLICE

The Nishnawbe-Aski Police Service Professional Standards Bureau must have a signed form with the details of your complaint before we can begin the process. Please make sure that you sign the declaration number 4(a) on this form. The information on this form will be forwarded to the Professional Standards Office.

Please use BLOCK CAPITALS when completing this form. If you have difficulties in filling out this form, or have any questions about the complaints process and would like to speak to a NAPS PSO representative prior to filling out the form, please call during business hours.

1. YOUR DETAILS (Complainant) Please give us your contact details

Title:

Given Name:

Family Name:

Street Address:

City:

Province:

Postal Code:

Date of Birth:

Work Telephone Number:

Home Telephone Number:

Cell Number:

Email:

I would like correspondence from the Nishnawbe-Aski Police Service Professional Standards Bureau to be sent to me by:

- ☐ Mail
- ☐ Email

This is a complaint about something that happened:

- ☐ to me
- ☐ someone else

2. POLICE DETAILS

Who?

If your complaint is against a specific officer(s), please give us any details you might have about the police officer(s) you would like to make a complaint against:

Name:

Rank:

Badge No:

Any other identifier (e.g. age, height):

Name:

Rank:

Badge No:

Any other identifier (e.g. age, height):

Which NAPS detachment are you complaining about?

Do you know the police detachment where the officer(s) work, please give details:

Do you have a police Occurrence No:

3. YOUR COMPLAINT DETAILS

WHERE? Where did the incident(s) that led to your complaint happen? Please fill in as much of the information as you know. If you do not know any specific details you may wish to include details of landmarks, etc.

Street address:

Nearest landmark or building:

Community:

Any other details:

WHEN? When did the incident(s) happen? If there is more than one date, please specify when the incidents occurred below.

Date:

Time:

Date:

Time:

Date:

Time:

Or indicate the time period when the incident(s) occurred.

From: (dd/mm/yyyy) To: (dd/mm/yyyy)

WHAT? Please describe the circumstances that led to your complaint. Please include details:

- Who was involved
- What was said and done
- Any other people who witnessed the incident (including other police officers)
- If there was any damage or injury
- If there was something that you feel caused the incident or affected your interaction with the police
- If there is any evidence to preserve (e.g. medical records, photos, videos)
- If this happened to someone else, the name and contact information of that person (if known)

At this stage we only require a summary of your complaint, but you may attach additional information or documents if necessary.

[illegible]

4. a. DECLARATION

I certify that the information provided is true. I understand the information on this form will be forwarded to the NAPS Professional Standards Office for consideration and may lead to an investigation.

Name:

Signature:

Date:

I am represented by (if applicable):

Name of representative:

Please attach the contact details of your representative:

4. b. TRANSLATOR'S DECLARATION

I, (print name) _____ declare that I have accurately translated the entire content of this form for the complainant from the English language to (specify) _____ language.

I am proficient in both languages and was able to communicate fully with the complainant. The complainant has indicated that she/he fully understands the entire content and the answers provided.

Signature:

Date:

ADDITIONAL INFORMATION

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

If there is any other information you feel is important please indicate below:

INTAKE AT POLICE DETACHMENT

If this form has been filled in or received at a police detachment, please provide the name and badge number of the intake officer.

Name:

Badge No:

Date received:

This form may be sent to the Professional Standards Office by fax, mail or by scanning and emailing.

Professional Standards Bureau

Nishnawbe-Aski Police Service

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