



Complaint about the Wikwemikong Tribal Police

Completing the Form

The Wikwemikong Tribal Police must have a signed complaint to process your complaint. Please sign the declaration in section six (6) on this form.

Please note that the information will be sent to the Police Chief, in care of our Professional Standards Unit or the Police Services Board.



Have you made this complaint with another government agency or police service?

Yes

No

If yes, please specify:



Is this matter currently before the courts?

Yes

No



Is this complaint about something that happened to you?

Yes

No



How would you like correspondence from the Wikwemikong Tribal Police to be sent to you?

Mail

Email



I would consider resolution or mediation in this matter.

1 YOUR DETAILS (COMPLAINANT)

Title (e.g., Mr./Mrs./Ms.): _____
First (given) Name: _____
Last (family) Name: _____
Middle Name: _____
Date of birth: _____
Street Address: _____
City: _____
Province: _____ Postal Code: _____
Main Phone Number: _____ Alt. Number: _____
Email: _____

2 POLICE DETAILS



Who is your complaint about [specific officer(s)]?

Name: _____
Rank: _____ Badge#: _____
Any other identifiers (e.g., age, height, weight, hair colour, complexion).

Name: _____
Rank: _____ Badge#: _____
Any other identifiers (e.g., age, height, weight, hair colour, complexion).

If there are more than two (2) officers involved, please include that information in your complaint details in Section 3.

3**YOUR COMPLAINT DETAILS**

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

Street Address: _____

Nearest Intersection: _____

City: _____

Any other details: _____



When did this incident(s) happen? If there is more than one (1) incident, include each date below.

Day: _____ Time: _____
(YYYY/MM/DD) AM or PM

Day: _____ Time: _____
(YYYY/MM/DD) AM or PM

Day: _____ Time: _____
(YYYY/MM/DD) AM or PM



If there are many incidents that happened over a period include that in your information below.

From: _____
Day Month Year

To: _____
Day Month Year



What is your complaint about?

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

- What did the officer do, say or did not do that has caused you to make this complaint?
- Based on your complaint, what do you think the officer(s) should have done or said?
- Describe any injury or damage because of what the officer(s) did or didn't do.
- If you are not the directly affected person, outline how you were affected (e.g., loss, damage, distress, and/or inconvenience).
- Identify any evidence of the incident(s) you have (e.g., photo(s), audio(s), video(s), medicals records).
- If this happened to someone else and you are a witness to the incident, please include the name and contact information of the person this happened to (if known).

Complaints may be screened out if they are made more than six (6) months after the incident. If the incident you are complaining about happened more than six (6) months ago, please indicate if you are under the age of 16, if you are a person with a disability, if there is a criminal case in relation to the incident and/or if there is any reason for your delay in making the complaint.

You may attach additional information or documents if necessary.

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TRANSLATOR'S DECLARATION



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



Name and contact number of translator:

5

ACCOMODATION



Do you require accommodation under the Accessibility for Ontarians with Disabilities Act (AODA)?

Yes

No

Please indicate how we may accommodate you:



Do you require a telephone typewriter service for interviews over the phone?

Yes

No



Do you require an ASL or LSQ interpreter?

Yes

No

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 Police Chief, in care of their professional standards or the Police Services Board, and this complaint may be investigated by the Professional Standards Unit of the service I am complaining about.

Name (please print): _____

Signature: _____ Date: _____

Are you represented by an agent? Yes No



Name of agent: _____

Please attach contact details of your agent. Correspondence will be sent to your agent. Anyone can act as an agent of your behalf.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information that you have provided on this complaint form is collected by the Wikwemikong Tribal Police Service under the Police Services Act. The information will be used to investigate your complaint. As an agency of the government, the Wikwemikong Tribal Police Service must adhere to the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about privacy protection, please contact the Freedom of Information and Privacy Office at the Ministry of the Attorney General at (416) 326-4300.

INTAKE AT THE POLICE STATION (FOR POLICE)

Intake Officer Name: _____

Badge#: _____ Date received: _____

This complaint form and additional information provided by the complainant must be sent to the Wikwemikong Tribal Police Service for processing within three (3) business days or receipt by a scanned copy to complaints@wtps.ca by mail, or fax to: (705) 859-2656.