

APPENDIX A



# Complaints About a Special Constable 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: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.  
DD/MM/YY

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

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. Province: Click or tap here to enter text.

Postal Code: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

## SPECIAL CONSTABLE DETAILS

Name: Click or tap here to enter text. Badge #: Click or tap here to enter text.

Name: Click or tap here to enter text. Badge #: Click or tap here to enter text.

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: Click or tap here to enter text.

Nearest Intersection: Click or tap here to enter text.

City: Click or tap here to enter text.

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

Click or tap here to enter text.  
DD/MM/YY

Click or tap here to enter text.  
DD/MM/YY

Click or tap here to enter text. AM PM  
TIME

Click or tap here to enter text. AM PM  
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:

Click or tap here to enter text.

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.

Click or tap here to enter text.

## 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 full 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, accommodation are available under the *Ontario Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act (AODA)*.

Please indicate how we may accommodate you:

Click or tap here to enter text.

## 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 South Simcoe 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 South Simcoe Police Service at [complaints@southsimcoepolice.on.ca](mailto:complaints@southsimcoepolice.on.ca).

**MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF**

**PRIVACY**

The personal information that you have provided on this complaint form is collected by the North Bay 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 [foi@southsimcoepolice.on.ca](mailto:foi@southsimcoepolice.on.ca).

**For Police Use Only:**

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

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

Please send this complaint form and any additional information to:

Chief of Police  
South Simcoe Police Service  
2137 Innisfil Beach Rd.  
Innisfil, ON L9S 1A2

Or

[complaints@southsimcoepolice.on.ca](mailto:complaints@southsimcoepolice.on.ca)