



COMPLETING THE FORM

Hamilton Police Service must have a signed complaint form in order to process your complaint. The Hamilton Police Service does not accept anonymous complaints. Please sign the declaration in section six on this form.

Please note that the information on this form will be sent to the police chief, in care of their professional standards unit, and the special constables against whom the complaint is made.

If you have questions about filling out this form or about the complaints process, visit our website at: www.hamiltonpsb.ca or call us at: 905-546-2727.

Have you previously filed a related complaint with HPS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide the file number(s) of your other complaint(s):	
Is this complaint related to an ongoing Special Investigations Unit investigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this complaint related to an ongoing criminal court proceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe the type of charge and the next court date:	
Is this complaint about something that happened to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How would you like correspondence from HPS to be sent to you?	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL
<input type="checkbox"/> I would consider early resolution or mediation for this matter.	

1. YOUR DETAILS (COMPLAINANT)				
GIVEN NAME	SURNAME	DATE OF BIRTH (Y Y Y Y - M M - D D)		
IF UNDER THE AGE OF 16, PLEASE PROVIDE YOUR GUARDIAN'S NAME AND CONTACT INFORMATION:				
ADDRESS		CITY	PROVINCE	POSTAL CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL		

2. SPECIAL CONSTABLE DETAILS			
WHAT POLICE STATION/DIVISION/DETACHMENT DOES THE OFFICER(S) WORK AT? (IF KNOWN)			
WHO IS YOUR COMPLAINT ABOUT:			
NAME	BADGE#	NAME	BADGE#
If there are more than two officers involved, please include that information in your complaint details in section three.			

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 please include landmarks etc.

ADDRESS	INTERSECTION
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LANDMARKS

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

DAY	MONTH	YEAR	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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DAY	MONTH	YEAR	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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If there are many incidents that happened over a period of time include that information.

From:	DAY	MONTH	YEAR	To:	DAY	MONTH	YEAR
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From:	DAY	MONTH	YEAR	To:	DAY	MONTH	YEAR
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From:	DAY	MONTH	YEAR	To:	DAY	MONTH	YEAR
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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 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 this happened to (if known).

You may attach additional information or documents if necessary.

4. TRANSLATOR'S DECLARATION

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
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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

5. ACCOMMODATION

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

For more information about the AODA please visit www.aoda.ca or call 905-546-2727.

Please indicate how we may accommodate you:

6. 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 branch, and the police services board, and that this complaint will be investigated by the Hamilton Police Service professional standards branch, with oversight by the Hamilton Police Service Board.

NAME (PLEASE PRINT)			
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ELECTRONIC SIGNATURE	DAY	MONTH	YEAR
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If you are represented by an agent, please have them contact the Hamilton Police Service Board.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information that you have provided on this complaint form is collected by the Hamilton Police Service Board under the Community Safety and Police Service Act. The information will be used to investigate your complaint. As an agency of the government, the Hamilton Police Service Board 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.

This complaint form and additional information provided by the complainant must be sent to the Hamilton Police Service Board Administrative Director, kirsten.stevenson@hamilton.ca or by mail to 155 King William Street, Hamilton ON L8R 1A7, Attn: Kirsten Stevenson.