



**WOODSTOCK
POLICE
SERVICE**

Complaint About a Special Constable Form

Have you previously filed a complaint with the Woodstock Police Service? Yes No

Is this complaint related to an ongoing criminal court proceeding? Yes No

Is this complaint about something that happened to you? Yes No

How would you like correspondence to be sent to you? Mail Email

YOUR DETAILS (COMPLAINT)

Given name: _____ Surname: _____

Date of Birth (DD/MM/YYYY): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

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

Given name: _____ Surname: _____

Date of Birth (DD/MM/YYYY): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

SPECIAL CONSTABLE DETAILS

Special Constable's Name: _____ Badge #: _____
Special Constable's Name: _____ Badge #: _____

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

YOUR COMPLAINT DETAILS

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

Address: _____ Intersection: _____
Landmarks: _____

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

Date (DD/MM/YYYY): _____ Time: _____ AM PM
Date (DD/MM/YYYY): _____ Time: _____ AM PM

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:

TRANSLATOR'S DECLARATION

NOT APPLICABLE

I, (print name) _____ declare that I have accurately translated the content of this form for the complaint 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: _____ Date (DD/MM/YYYY): _____

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

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 may be provided to the Woodstock Police Service (WPS) Chief of Police and/or the Woodstock Police Service Board (WPSB), and that this complaint will be investigated by the WPS. I further understand that providing false information could make me subject to prosecution under the *Criminal Code of Canada*.

Name (please print): _____

Signature: _____ Date (DD/MM/YYYY): _____

If you are represented by an agent, please have them contact the Woodstock Police Service.

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information that you have provided on this complaint form is collected by the Woodstock Police Service under the *Community Safety and Policing Act* (CSPA). The information will be used to investigate your complaint. As a government agency, the Woodstock 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.

Please send this complaint form and any additional information/documents to the Woodstock Police Service Deputy Chief Nick Novacich at nnovacich@woodstockpolice.ca or via mail to 615 Dundas Street, Woodstock ON N4S 1E1, Attn: Deputy Chief Nick Novacich.