

# Public Complaint Form

## Form F

Saskatchewan Ministry of Corrections, Policing and Public Safety  
(Section 38, *The Police Act, 1990* / Section 42, *Municipal Police Discipline Regulations, 1991*)

### Complainant Information

Surname: \_\_\_\_\_ First Name/Initial: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Do you agree to be contacted by email?  Yes  No  
Phone (Home/Cell): \_\_\_\_\_ Phone (Business): \_\_\_\_\_

Was anyone involved in the complaint **less than 18 years old** at the time of the incident?  Yes  No

If yes, give their name: \_\_\_\_\_

Possible Third Party Complaint: \_\_\_\_\_

### Incident Report

Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

Location: \_\_\_\_\_ Police Service: \_\_\_\_\_

#### Specific Allegations of Misconduct:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Summary of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature / \_\_\_\_\_  
Date

**NOTE: An intentionally false complaint under *The Police Act, 1990* may result in criminal charges for public mischief or obstructing a peace officer.**

**You will receive a letter outlining the findings of the investigation at the conclusion of your complaint.** Where the investigation is not completed within 60 days, you will receive an interim report on the status of your complaint with a further report every 60 days until the matter is concluded.

Where a complaint results in a discipline hearing being ordered, you will be advised of the time, date and place of the hearing. You have the right to attend that hearing and to be represented by counsel.

#### Injuries Sustained From the Incident:

Details of Complainant's Injuries: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Attended: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

#### Members Involved:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Witness Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Complaint Received By: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_