

Ontario SPCA
OFFICER CONDUCT COMPLAINT FORM

Please read the 'How to make a Complaint' section on the Ontario SPCA website, before filling out and submitting this form

PRINT CLEARLY

INSTRUCTIONS:

1. IF YOU WISH TO LODGE A COMPLAINT, YOU MAY WRITE YOUR OWN LETTER OR USE THIS FORM.
2. THE COMPLAINT MUST BE RECEIVED WITHIN 20 BUSINESS DAYS OF THE INCIDENT
3. PLEASE COMPLETE AS MANY AREAS AS YOU CAN AND PROVIDE AS MUCH DETAIL AND INFORMATION AS POSSIBLE.
4. **YOU MUST BE DIRECTLY** AFFECTED BY THE OFFICERS CONDUCT
5. ALL COMPLAINTS MUST BE SIGNED BY THE COMPLAINANT

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last name of complainant <small>Last Name</small>	First name of complainant <small>First Name</small>	Initial <small>Initial</small>
Address: (Home) <small>Address</small>			
City <small>City</small>	Province <small>Province</small>	Postal Code <small>Postal Code</small>	
Telephone No. () <small>Telephone Number</small>	Cellular No.() <small>Cellular Number</small>	E-mail Address <small>Email Address</small>	
Address: (Business or alternate where you can be contacted) <small>Address</small>			
City <small>City</small>	Province <small>Province</small>	Postal Code <small>Postal Code</small>	
Telephone No. () <small>Telephone Number</small>	Cellular No.() <small>Cellular Number</small>	E-mail Address <small>Email Address</small>	
<u>COMPLAINT DETAILS</u>			
Date of incident(DD/MM/YY) <small>Click here to enter a date.</small>	Time of incident Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Date reported (DD/MM/YY) <small>Click here to enter a date.</small>	Time reported Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Location of incident <small>Location of incident</small>			

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Complete the following sentence. I am complaining that...

Click here to enter text.

Describe what happened. Be sure to include how you were directly affected by the incident, and information about Who, What, When, Where and Why. (Additional space on page 2, if required)

Click here to enter text.

PHYSICAL EVIDENCE

Was there physical injury involved? No Yes If yes, describe details of injury.

Click here to enter text.

Medical treatment received? No Yes

Date
Click here to enter a date.

Time
Time a.m. p.m.

Location
Location

Physician
Physician

Telephone No. ()
Telephone Number

Are you including any photographs or other evidence to support your complaint? No Yes If yes, list on page 2.

Your Name Goes Here

Click here to enter a date.

SIGNATURE OF COMPLAINANT

DATE

If name(s) of officer(s) unknown, see page 3.

Name of officer involved Officers Name
Badge # Badge #

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	Name of second officer involved <small>Second Officers Name</small> Badge # <small>Badge #</small>
	Name of third officer involved <small>Third Officers Name</small> Badge # <small>Badge Number</small>
Brief description of complaint (continued) Click here to enter text.	
Description of officer(s) involved, if name(s) unknown: Click here to enter text.	
Names, addresses and telephone numbers of witness(es) (including badge number and/or description of any officers who were not involved but may have witnessed incident) Click here to enter text.	

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List of photographs or other physical evidence submitted (continued)

[Click here to enter text.](#)

**TO BE COMPLETED BY THE OFFICE OF THE CHIEF INSPECTOR/PUBLIC COMPLAINTS
COMMITTEE**

Complaint received by:

Location:

Date:

Complaint received: Letter In person E-mail

Confirm receipt of evidence supplied by complainant