PROTECTED WHEN COMPLETED
(UNDER THE *PRIVACY ACT*)

COMMISSION FOR PUBLIC COMPLAINTS AGAINST THE RCMP

WESTERN REGION OFFICE
7337 137 STREET, SUITE 102
SURREY BC V3W 1A4
TELEPHONE: 1-800-665-6878
FAX: (604) 501-4095
WEB SITE: www.cpc-cpp.gc.ca

COMPLAINT FORM

OFFICE USE ONLY
FILE NO.:

(*PLEASE PRINT CLEARLY*)

COMPLAINANT INFORMATION

MR. ☐ FAMILY NAME: MRS. ☐ MS. ☐	GIVEN NAME AND INITIAL:	
MAILING ADDRESS:		HOME TELEPHONE: ( )
CITY: PROVINCE:		WORK TELEPHONE: ( )
POSTAL CODE:	FAX: ( )	CELL TELEPHONE: ( )
E-MAIL ADDRESS:	PREFERRED LANGUAGE OF CORRESPONDENCE ☐ ENGLISH ☐ FRENCH	
IF APPLICABLE, NAME AND ADDRESS OF REPRESENTATIVE, LEGAL OR OTHER, FOR THE PURPOSE OF THIS COMPLAINT:		
PLEASE NOTIFY THE COMMISSION IF YOUR ADDRESS OR PHONE NUMBER CHANGES PRIOR TO THE RESOLUTION OF YOUR COMPLAINT.		

CIRCUMSTANCES OF COMPLAINT (PLEASE COMPLETE AS MUCH AS POSSIBLE)

DATE OF INCIDENT:	TIME OF INCIDENT:	PLACE OF INCIDENT (PROVINCE & CITY):
DID YOU SIGN A FORMAL COMPLAINT ABOUT THIS INCIDENT WITH THE RCMP? ☐ YES ☐ NO IF YES, WHEN AND WHERE DID YOU SIGN THE COMPLAINT? DID YOU SIGN AN AGREEMENT THAT RESOLVED THIS COMPLAINT INFORMALLY? ☐ YES ☐ NO		
PLEASE DESCRIBE ANY INJURIES SUFFERED:		
WERE PHOTOS TAKEN OF THE INJURIES? ☐ YES ☐ NO IF YES, WHO TOOK THE PHOTOS?		
DID YOU RECEIVE MEDICAL TREATMENT FOR YOUR INJURIES? ☐ YES ☐ NO IF YES, WHAT IS THE NAME OF THE DOCTOR AND HOSPITAL?		
DO YOU HAVE ANY OTHER EVIDENCE THAT SUPPORTS YOUR COMPLAINT? ☐ YES ☐ NO IF YES, PLEASE LIST EVIDENCE.		

I WISH TO COMPLAIN ABOUT THE CONDUCT OF THE FOLLOWING RCMP MEMBER(S) (IF KNOWN):

1. NAME, RANK AND REGIMENTAL NUMBER:	DETACHMENT:
2. NAME, RANK AND REGIMENTAL NUMBER:	DETACHMENT:
3. NAME, RANK AND REGIMENTAL NUMBER:	DETACHMENT:

4. NAME, RANK AND REGIMENTAL NUMBER:	DETACHMENT:
5. NAME, RANK AND REGIMENTAL NUMBER:	DETACHMENT:

WITNESS(ES) (INCLUDING RCMP MEMBERS NOT COMPLAINED ABOUT)

1. FAMILY NAME:	GIVEN NAME:	TELEPHONE:
ADDRESS:		
RELATION TO COMPLAINANT:		

2. FAMILY NAME:	GIVEN NAME:	TELEPHONE:
ADDRESS:		
RELATION TO COMPLAINANT:		

3. FAMILY NAME:	GIVEN NAME:	TELEPHONE:
ADDRESS:		
RELATION TO COMPLAINANT:		

DETAILS OF COMPLAINT

PLEASE DESCRIBE THE INCIDENT AS COMPLETELY AS POSSIBLE. ATTACH ADDITIONAL PAGES, IF NECESSARY.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

_____ _____

SIGNATURE OF COMPLAINANT DATE SIGNED

PLEASE NOTE: THIS COMPLAINT FORM ALONG WITH ALL OTHER NECESSARY DOCUMENTATION MAY BE FORWARDED TO THE RCMP FOR INVESTIGATION PURSUANT TO SUBSECTION 45.35(3) OF THE *RCMP ACT*. ACCORDINGLY, AN RCMP PUBLIC COMPLAINT INVESTIGATOR MAY CONTACT YOU TO ASK THAT YOU PROVIDE A STATEMENT.