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|  | **SPECIAL CONSTABLE COMPLAINT FORM** |  |

**Instructions for Completing the Form**

York Regional Police must have a signed complaint form in order to process your complaint. York Regional Police does not accept anonymous complaints.

Please sign the declaration at the end of the form.

Please note that the information on this form will be sent to the Chief of Police, care of the Professional Standards Bureau, and the Special Constables against whom the complaint is made.

If you have any questions about completing this form, or the complaints process, please email [specialconstablecomplaints@yrp.ca](mailto:specialconstablecomplaints@yrp.ca) or call us at 1-866-876-5423 ext: 6676.

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| Is this complaint related to an ongoing criminal court proceeding?  Yes  No  If yes, please describe the type of charge and next court date: |
| Is this complaint about something that happened to you?  Yes  No |
| Have you previously filed a related complaint with YRP?  Yes  No  If yes, please provide the file number(s) of your other complaints: |
| How would you like to receive correspondence from YRP?  Mail  Email |

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| **YOUR INFORMATION (COMPLAINANT)** |
| First Name: |
| Last Name: |
| Date of Birth: **(MM/DD/YY)** |
| If you are under the age of 16, please provide your Guardian’s name and contact information: |
| First Name: |
| Last Name: |

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| Street Address: |
| City:       Province: |
| Postal Code:       Phone #: |
| Email Address: |
| **SPECIAL CONSTABLE INFORMATION** |
| Name:       Badge #: |
| Name:       Badge #: |

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

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| **YOUR COMPLAINT DETAILS** |
| Where did the incident(s) occur that led to your complaint? If you do not know the address or street names, please include landmarks, etc. |
| Address: |
| Nearest Intersection: |
| City: |
| When did the incident(s) occur? If more than one incident, include each date. |
| **MM/DD/YY       MM/DD/YY** |
| **TIME:        A.M.  P.M.** **TIME:        A.M.  P.M.** |
| 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: |

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| Describe in detail what specifically happened to cause you to make a complaint. |
| You may consider the following:   * What did the Special Constable(s) do, say or 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 did not do. *(A complaint filed with the Chief 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, include the name and contact information of the person that this happened to (if known). * Please identify any evidence of the incident(s) that you have. *(e.g. photo, audio, video, medical records. Evidence does not need to be included at this time.)* |

You may attach additional information or documents as necessary.

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| **TRANSLATOR’S DECLARATION** |
| Not Applicable if no Translator required. |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_ Day:\_\_\_\_ Year: \_\_\_\_\_

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

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| **ACCOMODATION** |
| Not Applicable if no accommodations required. |

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:

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| **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 York Regional Police Chief of Police, in care of their Professional Standards Bureau, and that this complaint will be investigated by the York Regional Police Professional Standards Bureau. |

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_ Day:\_\_\_\_ Year: \_\_\_\_\_

If you are represented by an agent, please have them contact York Regional Police at   
 [specialconstablecomplaints@yrp.ca](mailto:specialconstablecomplaints@yrp.ca).

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| **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY** |
| The personal information that you have provided on this complaint form is collected by York Regional Police under the *Community Safety & Policing Act, 2019,* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. The information will be used to investigate your complaint. If you have any questions about privacy protection, please contact the Freedom of Information Unit at 1-866-876-5423 ext. 6740 or at foi@yrp.ca |

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| **For Police Use Only** |
| **Intake Member’s Name: Badge #:** |
| **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please send this complaint form and any additional information to:

[specialconstablecomplaints@yrp.ca](mailto:specialconstablecomplaints@yrp.ca) Attn: Chief of Police  
  
Or

Chief of Police

York Regional Police

47 Don Hillock Drive

Aurora, ON

L4G 0S7