



# MEDICINE HAT POLICE SERVICE CITIZEN COMPLAINT AGAINST POLICE

This form is for the use of persons wishing to register complaints against Police Personnel under The Police Act, 1988.

Section 43(3) of The Police Act states, "where practical, a complaint shall be in writing and signed by the complainant."

The investigation of your complaint would be facilitated if you provide the details in writing, either through using this form or addressing a private letter to the Chief of Police as you wish.

Under normal circumstances, you may next expect to be contacted by an internal affairs investigator who will wish to review, with you, the details of your complaint. At the conclusion of the investigation, you will be informed in writing of the disposition by the department, including information regarding an appeal if you are dissatisfied.

DATE REPORTED			TIME REPORTED		COMPLAINT RECEIVED BY
Day	Month	Year	A.M.	P.M.	

COMPLAINANT'S NAME	ADDRESS	TELEPHONE NO.

## OCCURRENCE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Police Member(s) Involved: \_\_\_\_\_

## WITNESSES

NAME:	ADDRESS:	TELEPHONE NO.:

## STATEMENT OF COMPLAINT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Section 140 of the Criminal Code provides that any person who makes a statement orally or in writing that is false or misleading or knowingly fails to disclose any information relevant is guilty of an offence.*

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(If additional space is required use separate sheet)

### STATEMENT Continued

Mail to: **Medicine Hat Police Service**  
c/o Office of the Chief  
884 – 2 Street SE  
Medicine Hat, AB T1A 8H2

Fax to: **403-529-8473**

