



PUBLIC COMPLAINT FORM GUIDE

The Civilian Review and Complaints Commission for the RCMP (CRCC) is an independent agency that reviews complaints made by the public about the on-duty conduct of RCMP members.

The CRCC is not part of the RCMP.

Anyone with concerns about the conduct of an RCMP member can visit the CRCC website at www.complaintscommission.ca to learn more about the public complaint process.

CHECKLIST

Complaints must concern:

- The conduct of an RCMP officer in the performance of their policing duties
- An incident that occurred within the last 12 months*

*If the incident occurred more than 12 months ago, please provide additional information / justification for the delay. This information will be reviewed and an extension may be granted on a case-by-case basis.

Individuals making a complaint need to be:

- Directly involved in the incident
- or
- A witness to the incident
- or
- A person authorized to act on behalf of the person directly involved in the incident

COMPLAINTS CAN BE MADE

BY MAIL

Civilian Review and Complaints Commission
for the RCMP

P.O. Box 1722, Station B
Ottawa, ON K1P 0B3

ONLINE

www.complaintscommission.ca

BY FAX

1-613-960-6147

IN PERSON

With an RCMP member at any local detachment



PUBLIC COMPLAINT FORM

PLEASE NOTE: You may file your complaint online at www.complaintscommission.ca



CONTACT INFORMATION (Required)

Family Name		Given Name		Date of birth (YEAR, MONTH, DAY)	
Street / Mailing Address		City		Province	Postal Code
Email address		Primary Telephone number		Cellphone number	



QUESTIONS (Required)

What is your preferred language for correspondence?

- English French

How do you want to be contacted?

- Email Phone Mail

Were you directly involved in the incident(s)?

- Yes No

Have you previously filed a public complaint about this incident with the CRCC or the RCMP?

- Yes No

If yes, did you sign an agreement with the RCMP to resolve this complaint informally?

- Yes No

Did the incident occur within the last 12 months? If not, please provide an explanation for the delay in filing in **Details of Complaint** section of this form.

- Yes No

PLEASE NOTE: Exceptions to the one-year time limit are reviewed & granted on a case-by-case basis.



REPRESENTATIVE AUTHORIZATION

Complete the following section **ONLY** if you want the Civilian Review and Complaints Commission for the RCMP (the CRCC) and the RCMP to communicate directly with a legal representative or an advocate *instead* of yourself.

Family Name: _____

Given Name: _____

Telephone Number: _____

E-mail Address: _____

By providing this information, you are authorizing the CRCC and the RCMP to:

- Communicate directly with a legal representative or an advocate instead of yourself; and,
- Disclose information related to your complaint to your representative.



DETAILS OF COMPLAINT (complete as much as possible)

Date of incident: _____
(Required) YEAR, MONTH, DAY

Location (city, town): _____

Time of incident: _____

Province: _____
(Required)

Please describe the circumstances that led to your complaint as completely as possible. Please include:

- Who was involved
- What was said and done
- Was there any damage or injury
- Details that you feel contributed or led to the incident
- Reason for filing past 12-month time limit (if applicable)

This box will accept a maximum of 3100 characters. If you need more space, you may attach additional sheets of paper to this form.



RCMP MEMBER(S)

List the RCMP member(s) whose conduct you are complaining about. If you are unsure, please write UNKNOWN and provide a brief, physical description of the member(s).

If you need more space, you may attach additional sheets of paper to this form.

Name	Rank	Detachment



WITNESS(ES) if applicable.

Note: Witnesses may include RCMP members you are NOT complaining about. If you are unsure, please write UNKNOWN and provide a brief, physical description of the witness(es) and/or member(s).

If you need more space, you may attach additional sheets of paper to this form.

First Name, Last Name	Contact Information (address, phone, email)

If you have provided the information requested above, your complaint should be complete.

After your submission is reviewed by an Intake Agent, you will receive correspondence on the status of your complaint, along with information explaining future steps in the complaint process. Although not necessary, should you still feel that you need to speak with an Intake Agent by phone please indicate below :

- the best number to reach you at
- a brief explanation why a call back is being requested

Please note that attempts to contact you by phone may take up to 15 business days. Calls will be placed during regular business hours Monday to Friday (Eastern Daylight Time) and may result in a delay in your complaint being reviewed.

Phone Number:

BRIEF EXPLANATION

If you need more space, you may attach additional sheets of paper to this form.



PRIVACY & DISCLOSURE OF PERSONAL INFORMATION

By submitting a completed complaint form, you are authorizing the Commission to collect your personal information for the purposes related to Parts VI, VII, VII.1 and VII.2 of the RCMP Act. This information is held in personal information bank CRCC PPU 005, and you have a right to access this information in accordance with the *Privacy Act*.

NOTE: Completed public complaint forms, along with all other relevant documentation you provide to the CRCC will be forwarded to the RCMP for investigation pursuant to subsection 45.53(10) of the RCMP Act and an RCMP investigator may contact you to obtain a statement.



ACKNOWLEDGEMENT

PUBLIC USE ONLY (please note that complaint forms must be signed and dated)

I have reviewed this completed public complaint form and the information I have provided is true and accurate to the best of my knowledge.

Name (print): _____

Signature: _____

Date (Required): _____

(YEAR, MONTH, DAY)

RCMP USE ONLY (to be signed by RCMP members if form is completed on behalf of an individual)

I have reviewed this completed form with the individual and the information provided is true and accurate to the best of their knowledge.

Name & rank (print): _____

Signature: _____

Date (Required): _____

(YEAR, MONTH, DAY)



CONTACT INFORMATION

Members of the public can submit completed forms:

BY MAIL

Civilian Review and Complaints
Commission for the RCMP
P.O. Box 1722, Station B
Ottawa, ON K1P 0B3

BY FAX

1-613-960-6147

RCMP members must submit complaint forms completed on behalf of an individual to their divisional Professional Responsibility Unit.

Complaint forms may also be completed Online: www.complaintscommission.ca