Public Complaint Form

Form F

Saskatchewan Ministry of Corrections, Policing and Public Safety (Section 38, *The Police Act, 1990 /* Section 42, *Municipal Police Discipline Regulations, 1991*)

Complainant Information			
	First Name/Initial:		
	City/Town:		
			ed by email? Yes No
Phone (Home/Cell):	Phone (Business):	-	
Was anyone involved in the com	nplaint less than 18 years old at the time	of the incident? Yes	No
If yes, give their name:			
Possible Third Party Complaint:			
Incident Report			
Date Time	a.m p.m.		
Location:		Police Service:	
Specific Allegations of Miscond	luct:		
1			
2			
3			
4			
Summary of Incident:			
Compl	ainant's Signature	Date	
	mplaint under The Police Act, 1990 may r	esult in criminal charges for p	ublic mischief or obstructing
a peace officer.	ng the findings of the investigation at th	ne conclusion of your complai	nt Where the investigation is
	ou will receive an interim report on the s		
until the matter is concluded.			
	liscipline hearing being ordered, you will aring and to be represented by counsel.	be advised of the time, date ar	nd place of the hearing. You
Injuries Sustained From the Inc	ident:		
Details of Complainant's Injuries	5:		
Attending Physician:	Address:	Phone:	Date:
Hospital Attended:	Physician:	Phone:	Date:
Members Involved:			
1			
2			
3			
Witness Name:	Address:		Phone:
Complaint Received By:	Location:		Date:
complaint neceived by.	LOCATION.		Dute.