

## LAKESHORE REGIONAL POLICE SERVICE

**Our Mission:** To work in partnership with and to protect the participating communities within the Lesser Slave Lake Indian Regional Council Territory in a manner that meets cultural and traditional values while upholding the law and providing quality service.

## CITIZEN COMPLAINT FORM

## WHO MAY MAKE A COMPLAINT?

- Anyone who is concerned about an incident involving a police officer or a policy of, or service provided by, the Lakeshore Regional Police Service can make a complaint. This may include:
- A person to whom the conduct complained of was directed;
- A person who was present at the time the incident occurred and witnessed the conduct complained of;
- An agent of a person to whom the conduct complained of was directed;
- A person who was in a personal relationship with the person to whom the conduct complained of was directed such as a family member;
- A person who suffered a loss, damage, distress, danger or inconvenience as a result of the conduct complained of; or
- Any person may make a complaint in respect of a policy or service of a police service.

## WHAT MAY A CITIZEN COMPLAIN ABOUT?

- The on-duty actions of the Chief of Police;
- The on-duty actions of any police officer;
- The policies of the Lakeshore Regional Police Service;
- The service provided by the Lakeshore Regional Police Service.



| COMPLAINANT     |              |          |           |  |
|-----------------|--------------|----------|-----------|--|
| Name:           |              | File #:  |           |  |
| Address:        |              |          |           |  |
| Phone # (Home): |              |          |           |  |
| Phone # (Work): |              |          |           |  |
| Phone # (Cell): |              |          |           |  |
| Email Address:  |              |          |           |  |
|                 | OFFICERS     | INVOLVED | )         |  |
| Name            | Regimental # |          | Work Area |  |
|                 |              |          |           |  |
|                 |              |          |           |  |
|                 |              |          |           |  |
|                 | WITN         | ESSES    |           |  |
| Name            | Address      |          | Phone #   |  |



| DESCRIPTION OF THE INCIDENT   |      |               |  |  |
|---|------|---------------|--|--|
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
| DESCRIPTION OF ANY INJURIES   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
| Should additional room be required, please attach as many additional pages as necessary. Please sign and date each page.  |      |               |  |  |
| COMPLAINANT'S SIGNATURE (print and sign name)   | DATE |               |  |  |
|   |      |               |  |  |
| COMPLAINT RECEIVED BY (print and sign name)   | DATE |               |  |  |
|   |      |               |  |  |
|   |      |               |  |  |
| SUBMIT YOUR COMPLAINT TO ONE OF THE FOLLOWING ADDRESSES   |      |               |  |  |
| Public Complaint Director: Lakeshore Regional Police Service Police Commission Box 210 Driftpile, AB TOG 0V0  Chief of Police Lakeshore Regional Police Service Box 291 Driftpile, AB TOG 0V0 |      | olice Service |  |  |

