

**CPKC POLICE SERVICE COMPLAINT  
FORM COMPLAINT-01**

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**A. COMPLAINANT DETAILS**

Surname:	Given:	Middle or Initial:
Street Address:		
Town/City:	Province/State:	Postal Code/Zip Code:
Telephone Number:	Alternative Telephone Number:	
Email Address:		
<p><b>Please Check all that apply:</b></p> <p><input type="checkbox"/> This matter is about the policies/procedures of the CPKC Police Service.</p> <p><input type="checkbox"/> This is a complaint that happened to me (the complainant).</p> <p><input type="checkbox"/> This is a complaint that happened to someone other than me.</p>		

**B. CPKC POLICE SERVICE EMPLOYEE DETAILS**

**If your complaint is against a specific employee of the CPKC Police Service, please provide all details you might have about the employee involved.**

Employee Name (if known):	
Badge Number:	Rank:
Description or additional identifying information of employee:	

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<b>C. YOUR COMPLAINT DETAILS</b>	
<b>WHERE?</b> Where did the incident that led to your complaint happen? Please complete as much information as possible. If you do not know specific details you may wish to include details of landmarks etc.	
Street Address:	
Nearest Intersection:	
City, Province:	
Any other identifying information:	
<b>WHEN?</b> When did the incident happen? If there is more than one date, please specify when the incidents occurred below. Please note that the Service shall dismiss any complaint that is made more than six months after the conduct complained of occurred, or you first knew or ought to have known the conduct occurred.	
Date: (YYYY/MM/DD):	Time:
Date: (YYYY/MM/DD):	Time:
Or indicate the time period when the incident occurred:	
<b>WHAT?</b> Please describe the circumstances that led to your complaint. Please include details of: Who was involved; What was said and done; Any other people who witnessed the incident (include police officers); If there was any damage or injury; If there was something that you feel caused the incident or affected your interaction with the police; If there is any evidence to preserve (i.e. medial records, photos, surveillance video); If this happened to someone else, the name and contact information of that person; If this is about a policy/procedure, please provide sufficient information to indentify the policy/procedure.	
Describe incident (Please attach additional information or documents, if necessary):	

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**D. DECLARATION**

I certify that the information provided on this CPKC Police Service Complaint Form is true.

Name:

Signature:

Date:

**E. HOW TO FILE THIS COMPLAINT FORM**

1. Mail a copy of the Complaint Form to: CPKC Police Service, Bldg. 5, 7550 Ogden Dale Road SE, Calgary, Alberta T2C 4X9; or
2. Email a copy of the Complaint Form to: CPKC Police Service, Professional Standards Section at: [Police\\_ProfessionalStandards@cpkcpolice.com](mailto:Police_ProfessionalStandards@cpkcpolice.com); or