Please read the 'How to make a Complaint' section on the Ontario SPCA website, before filling out and submitting this form

- INSTRUCTIONS:

  1. IF YOU WISH TO LODGE A COMPLAINT, YOU MAY WRITE YOUR OWN LETTER OR USE THIS FORM.

  2. THE COMPLAINT MUST BE RECEIVED WITHIN 20 BUSINESS DAYS OF THE INCIDENT

  3. PLEASE COMPLETE AS MANY AREAS AS YOU CAN AND PROVIDE AS MUCH DETAIL AND

INFORMATION AS POSSIBLE. 4. YOU MUST BE DIRECTLY AFFECTED BY THE OFFICERS CONDUCT 5. ALL COMPLAINTS MUST BE SIGNED BY THE COMPLAINANT						
Mr. □ Mrs.□ Ms.□	Last name of complainant		name of plainant	Initial		
WII. D WIIO. D WIO. D				Initial		
Address: (Home)	Last Name	First	Name			
, ,						
Address  City	Province		Postal Code			
City	FIOVINCE	Province		rusiai Coue		
City	Province		Postal Code			
Telephone No. ( )	Cellular No.( )		E-mail Address			
Telephone Number	Cellular Number		Email Address			
Address: (Business or alternate	e where you can be contac	ted)				
Address						
City	Province		Postal Code			
City	Province		Postal Code			
Telephone No. ( )	Cellular No.( )		E-mail Address			
Telephone Number	Cellular Number		Email Address			
COMPLAINT DETAILS						
Date of incident(DD/MM/YY)	Time of incident					
Click here to enter a date.	Time □a.m.	□ <b>r</b>	o.m.			
Date reported (DD/MM/YY)	Time reported					
Click here to enter a date.	Time □a.m.		p.m.			
Location of incident						
Location of incident						

Complete the following sentend	ce. I am con	nplaining that			
Click here to enter text.					
Describe what happened. Be sure to include how you were directly affected by the incident, and information about Who, What, When, Where and Why. (Additional space on page 2, if required)					
Click here to enter text.					
PHYSICAL EVIDENCE					
Was there physical injury involved? □No □Yes If yes, describe details of injury.					
Click here to enter text.					
Medical treatment received? ☐ Yes	No □	Date	Time		
163		Click here to enter	T:		
Location		a date.	Time □ a.m. □ p.m.		
Location		a date.	11me ⊔ a.m. ⊔ p.m.		
Location		a date.	Time □ a.m. □ p.m.		
Physician		a date.	Telephone No. ( )		
Physician Physician			Telephone No. ( ) Telephone Number		
Physician Physician  Are you including any photogra	aphs or othe		Telephone No. ( ) Telephone Number		
Physician Physician	aphs or othe		Telephone No. ( ) Telephone Number		
Physician Physician  Are you including any photogra	aphs or othe		Telephone No. ( ) Telephone Number		
Physician Physician  Are you including any photogra Yes If yes, list on page 2.  Your Name Goes Here			Telephone No. ( ) Telephone Number  Fort your complaint? □No □  Click here to enter a date.		
Physician Physician  Are you including any photogra Yes If yes, list on page 2.			Telephone No. ( ) Telephone Number  Port your complaint? □No □		
Physician Physician  Are you including any photogra Yes If yes, list on page 2.  Your Name Goes Here	NT		Telephone No. ( ) Telephone Number  Fort your complaint? □No □  Click here to enter a date.  DATE		

Name of second officer involved Second Officers Name				
Badge # Badge #				
Name of third officer involved Third Officers Name				
Badge # Badge Number				
Brief description of complaint (continued)				
Click here to enter text.				
Description of officer(s) involved, if name(s) unknown:				
Click here to enter text.				
Names, addresses and telephone numbers of witness(es) (including badge number and/or description of any officers who were not involved but may have witnessed incident)				
Click here to enter text.				

List of photographs or other ph	ysical evidence submitted (d	continued)		
Click here to enter text.				
TO BE COMPLETED BY THE	OFFICE OF THE CHIEF IN:	SPECTOR/PUBLIC COMPLAINTS		
COMMITTEE				
Complaint received by:				
Location:		Date:		
Complaint received: Letter	☐ In person ☐ E-mail			
Confirm receipt of evidence su	pplied by complainant			