



# **SPECIAL CONSTABLE COMPLAINT FORM**

Complaints related to the conduct of a Special Constable employed by the University of Windsor Special Constable Service can be reported by completing the attached form. Please include as much detail as possible to help us conduct a thorough investigation.

Please see **O. Reg. 410/23** for more information about the Code of Conduct of Special Constables.

Please note that the information on this form will be sent to the Superintendent of the University of Windsor Special Constable Service, as well as the Special Constable(s) named in the complaint.

If you have any questions about filling out this form, or the complaints process, please email [spcscomplaints@uwindsor.ca](mailto:spcscomplaints@uwindsor.ca) call us at (519) 253-3000 extension 5083.

## **Instructions for Completing the Form:**

- The University of Windsor Special Constable Service must have a signed complaint form to process your complaint.
- Include your contact information as anonymous complaints will not be accepted by the Service.
- Please sign the declaration at the end of the form acknowledging the information on this form is true.
- Complete separate sections if Accommodations or Language Translators are required.

## **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

The personal information that you have provided on this complaint form is collected by University of Windsor Special Constable Service under the Community Safety & Policing Act, 2019, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used to investigate your complaint.

Please contact the Superintendent of Special Constable Service Freedom at (519) 253-3000 ext. 5083 if you have any questions about privacy protection.



# **SPECIAL CONSTABLE COMPLAINT FORM**

Please send this entire complaint document  
and any additional information to:

## **BY EMAIL**

[spcscomplaints@uwindsor.ca](mailto:spcscomplaints@uwindsor.ca)

Attn: Superintendent

Or

## **BY MAIL**

University of Windsor Special Constable Service

Attn: Superintendent

401 Sunset Avenue

Windsor, Ontario

N9B 3P4



# **SPECIAL CONSTABLE COMPLAINT FORM**

Is this complaint related to an ongoing criminal court proceeding?

☐ Yes ☐ No

If yes, please describe the type of charge (s) and next court date.

Is the complaint about something that happened to you?

☐ Yes ☐ No

Have you previously filed a related complaint with Special Constable Services?

☐ Yes ☐ No

If yes, please provide the file number(s) of your other complaints.

How would you like to receive correspondence from Special Constable Services?

☐ Mail ☐ E-Mail

## **ACCOMMODATION**

If you have a disability, accommodation is available under the *Ontario Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act (AODA)*.

Please indicate if accommodation is required: ☐ Yes ☐ No

How may we accommodate you:



# **SPECIAL CONSTABLE COMPLAINT FORM**

## **YOUR INFORMATION (COMPLAINANT)**

First Name:

Last Name:

Date of Birth: (MM/DD/YY)

If you are under the age of 16, please provide your Guardian's name and contact information:

First Name:

Last Name:

Street Address:

City:

Province:

Postal code:

Phone #

Email Address:

## **SPECIAL CONSTABLE INFORMATION**

Name:

Badge #:

Name:

Badge #:

(If there are more than two Special Constables involved, please include names in complaint details section)

## **YOUR COMPLAINT DETAILS**

Describe location and date of incident – (If more than one incident, include each date):

Address:

City:

Date (MM/DD/YY)

Address:

City:

Date (MM/DD/YY)

(Note: Complaints may be screened out if they are made more than six months after the incident. If six months have passed, please provide reason(s) for the delay in filing your complaint.)



# **SPECIAL CONSTABLE COMPLAINT FORM**

## **YOUR COMPLAINT DETAILS**

Describe in detail what specifically happened to cause you to make a complaint:  
You may attach additional information or documents, as necessary.

You may consider the following:

- What did the Special Constable do, say or not do that has caused you to make a complaint?
- Based on your complaint, what do you think the Special Constable(s) should have done or said?
- Describe any injury or damage you incurred because of what the Special Constable(s) did or did not do.
- If you are not the directly affected person, outline how you were affected? (ex. Loss, damage, distress, and/or inconvenience).
- If this happened to someone else and you are a Witness to the incident, include the name and contact information of the person that this happened to (if known).
- Please identify any evidence of the incident(s) that you have. (ex. Photo, audio, video, medical records. Evidence does not need to be included at this time).

**Note: A complaint filed with the Special Constable Service cannot result in financial compensation.**



# **SPECIAL CONSTABLE COMPLAINT FORM**

## **ADDITIONAL INFORMATION**

☐ Yes

I used an interpreter to fill out this form, and I will need to arrange for an interpreter in the event of an interview.

**If you have checked "Yes" in the box above, please fill out the Interpreters Declaration.**

## **INTERPRETERS DECLARATION**

I, (print name), \_\_\_\_\_ declare that I have accurately translated the content of this form for the Complainant from English to (insert language), \_\_\_\_\_.

I am proficient in both languages and was able to communicate fully with the Complainant.

The Complainant has indicated that they fully understand the content and answers provided.

Signature: \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

## **COMPLIANT DECLARATION**

I certify that the information provided on this form is true. I understand that the information on this form will be provided to the Superintendent University of Windsor Special Constable Service, and that this complaint will be investigated by the Superintendent University of Windsor Special Constable Service and may be forwarded to the Windsor Police Service Professional Standards Branch for further investigation. .

Name (please print: \_\_\_\_\_

☐ Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

