EDMONTON TRANSIT SYSTEM
Operational Support
PUBLIC COMPLAINT FORM

INSTRUCTIONS

1. If you wish to file a complaint against a Peace Officer, you may use this form or submit your own letter in writing.
2. Please complete as many areas as you can and provide as much detail and information as possible.
3. Complaints must be in made in writing and can be submitted by E-mail, post, fax, delivery in person or completed online.

COMPLAINANT INFORMATION

Mr. Ms. Mrs.	Last name	First name	Initial
Date of Birth yyyy/mmm/dd	Mailing address/ Home address		
City/ Province	Postal Code	Telephone (Home)	Telephone (Work)
Telephone (Cellular)	E-mail Address		
Are you the person directly involved? YES ☐ NO ☐ Do you know the person directly involved? YES ☐ NO ☐	What is your relationship to the person involved:		
If you answered YES, please complete the information below:			
Mr. Ms. Mrs.	Last name	First name	Initial
Date of Birth yyyy/mmm/dd	Home address	Telephone (Home)	Telephone (Cellular)

COMPLAINT DETAILS

Date of Incident: yyyy/mmm/dd	Time of Incident:	Location of incident: (Bus link, Transit Centre, LRT)
Date reported: yyyy/mmm/dd	Time reported:	
Please describe what happened. Be sure to include how you were directly affected with as much detail as possible: **WHO, WHAT, WHEN, WHERE, WHY and HOW** (Additional space on Page 2, if required)		

DESCRIPTION OF COMPLAINT (Continued)

Please describe what happened in as much detail as possible: **WHO, WHAT, WHEN, WHERE, WHY and HOW**

EVIDENCE INFORMATION

Did a physical injury occur? YES ☐ NO ☐ If yes, please describe details of the injury:		
Was medical treatment received? YES ☐ NO ☐	Date received: yyyy/mmm/dd	Location/Name of Medical Center:
Physician's name:		Telephone number:
Are you including any photographs or other evidence to support your complaint? YES ☐ NO ☐ (If Yes, list below)		
If yes, list any photographs or other physical evidence you are submitting:		
List of photographs or any other evidence submitted: (continued)		
Interpreter required? YES ☐ NO ☐ If yes, Language:		

WITNESS INFORMATION

Names, addresses and telephone numbers of any witness(es): (Include badge number and names of any Peace Officers who were not involved but may have witnessed the incident)

PEACE OFFICER'S INFORMATION

If Name(s) of Officer(s) are unknown, see below	Badge:	Name of officer involved:
	Badge:	Name of officer involved:
	Badge:	Name of officer involved:
Physical description of Peace Officer(s) involved, if name(s) unknown:		

Complainant signature: All complaint forms must be signed	Date: yyyy/mmm/dd

The personal information on this form is collected and disclosed under the authority of the *Peace Officer Act* (Part 2 s. 14 & 15) and will be used for the sole purpose of investigating the complaint referenced herein. Questions may be directed to:

Professional Standards Unit
Edmonton Transit System Operational Support, Main Floor, Chancery Hall
3 Sir Winston Churchill Square NW, Edmonton, AB T5J 2C3
Telephone (780) 442-1697

INTERNAL USE ONLY

PSU Reference #	
X-reference File #'s	
ETSOS POSSE #	
ETS CACTIS #	
EPS File #	
Other File #	

TO BE COMPLETED BY PSU MEMBER RECEIVING COMPLAINT
Received by:
Date and time received: yyyy/mmm/dd / Time
Complaint received by: Letter ☐ In person ☐ Fax ☐ E-mail ☐
Confirm receipt of Evidence (If any submitted by complainant): YES ☐ NO ☐
Copy of completed complaint provided to complainant:): YES ☐ NO ☐
Nature of complaint: Complaint of Service ☐ Complaint of Policy ☐ Complaint of Conduct ☐
Public Complaint: YES ☐ NO ☐ Employer Initiated Complaint YES ☐ NO ☐
PSU Complaint classification: Notice of Concern ☐ Informal Resolution ☐ Formal Investigation ☐
INFORMAL RESOLUTION DISCUSSED: YES ☐ NO ☐
Details:

INTAKE NOTES

Date of Incident: yyyy/mmm/dd	Time of Incident:	Location of incident: (Bus link, Transit Centre, LRT)
Date reported: yyyy/mmm/dd	Time reported:	