COMPLAINT

Under the authority of the Royal Newfoundland Constabulary Act, 1992 personal information is collected for the purpose of investigating your complaint. This information is kept confidential and is not disclosed to third parties without your consent or unless required or authorized by law. The information will not be used for any other purpose except as indicated.

Date Complaint Received: _____

Name Of Complainant: _____

_____

Date of Birth **Home Telephone Number** **Work Telephone Number**

Home Address Of Complainant: _____

Mailing Address (if different) _____

Date Of Incident: _____

Details *(including conduct, policy, procedures, etc.)*

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_____
_____

Member(s) subject of Complaint: *(give rank and service number if known)*

_____
NAME RANK

_____
NAME RANK

_____
NAME RANK

Complaint Received By: _____ _____
POLICE DEPARTMENT PUBLIC COMPLAINTS COMMISSION

Public Complaint Procedures and Rights of a Person Making a Complaint Form given to Complainant**:**

_____ _____
YES NO *(state reason)*

I certify that the information given herein is true _____
SIGNATURE OF COMPLAINANT

Copy to: Commissioner; Chief of Police; Police Officer; Complainant