



UCCM ANISHNAABE POLICE
PUBLIC COMPLAINT PROCESSING - FORM 1A

Assigned File # _____

*For use in the initial intake and recording of individual conduct concerns of UCCM Anishnaabe Police
Service employees and/or general service issues in police service delivery*

Date of Incident:

Time of Incident:

Location of Incident :

Received via: Mail

Telephone

Personal Contact

General (Service) Complaint:

OR

Individual Conduct Complaint:

Employee Name:

Employee Name not known

Name /Mailing Address of Complainant:

Telephone (H):

Telephone (Other):

Recorded by

Title/Badge

Date

Particulars/Details of Complaint: (indicate how you were directly involved, witnesses, or refer to your attached written complaint)

Requested Course of Action: (or None)

I acknowledge that without my signature below, this will limit the available course(s) of action which can be taken as a result of my Complaint.

I have indicated that no further action is needed. The benefits of participating in informal resolution and informal mediation using a culturally based approach have been explained to me. I have also been made aware of the formal processes available under the Public Complaint Process.

Signature (Complainant)

Date