DISCLAIMER: In accordance with the *Community Safety and Policing Act* and the *Freedom of Information and Protection of Privacy Act*, the summary below has been de-identified to remove the personal information of individuals, including public complainants and persons who were the subject of the investigation.

DE-IDENTIFIED SUMMARY UNDER SECTION 167(2) OF THE CSPA

Original Police Service: Date of Complaint: 02/27/2026

Type of Investigation:

Referred to Same Service: ◉ Referred to Other Service: ○ Retained by LECA: ○

Service Investigations Referred to:

De-identified Summary of Complaint

The Complainant alleged that the Respondent Officer used unnecessary or excessive force when the Complainant was apprehended under Section 17 of the Mental Health Act and later at the hospital.

Unsubstantiated Code of Conduct Allegations

Interactions with the Public - S. 11(1)

Decision and Reasons

The Complainant was intoxicated and contacted 911 with thoughts of suicide. The Respondent Officer attempted to safety plan with the Complainant, however the Complainant did not participate.

The Respondent Officer formed grounds to apprehend the Complainant under Section 17 of the Mental Health Act. During the apprehension, the Complainant actively resisted and the Respondent Officer struck the Complainant with two knee strikes and a hand strike to his back. Th

While at the hospital, the Complainant continued to actively resist by refusing to walk and clenching his arms. The Respondent Officer delivered one knee strike to the Complainant's leg to gain compliance and control him.

The incident was partially captured on body worn camera and surveillance from the hospital.

The forced used by the Respondent Officer was reasonable in the circumstances and on a balance of probabilities was in the good faith performance of their duties.

Conclusion: There were not reasonable grounds to believe that the conduct of the Respondent Officer constituted misconduct.