

LECA Complaint Form

The Law Enforcement Complaints Agency (LECA) deals with complaints about the conduct of police officers, special constables with the Niagara Parks Commission, and peace officers in the Legislative Protective Service.

Complaints about a member of a police services board, the adequacy and effectiveness of policing provided by a police service, or the failure of a police services board to comply with the *Community Safety and Policing Act, 2019* (CSPA) and its regulations should be made to the Inspector General of Policing.

Please note that the information on this form may be sent to the designated authority, staff in care of their professional standards unit, as well as the subject officers, if any, and used for the purposes of administering the CSPA and regulations.

If you have questions about filling out this form or about the complaints process, visit our website at: www.leca.ca or call us at: 1-877-411-4773 or 416-246-7071.

If you need accommodation under the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA), please complete the Accommodation Request Form. If you cannot complete the form, please call the number above or email LECA.Accommodation@ontario.ca.

A. General Information

Have you previously filed a related complaint with LECA? Yes No

If yes, please provide the file number (s) of your other complaint(s):

Is this complaint related to an ongoing Special Investigation Unit Investigation?

Yes No

Is there/has been a criminal proceeding related to this incident? Yes No

If yes, please describe the type of charge and the next court date:

This is a complaint about something that happened: To me To someone else

I would like correspondence from LECA sent to me by: Mail Email

I would consider early resolution or informal resolution for this matter: Yes No

B. Your Details (Complainant)

LECA does not accept anonymous complaints.

First Name:	Last Name:
Preferred Pronoun:	
Street Address:	City:
	Province: Postal Code:
Telephone:	Alternative Telephone:
Email Address:	
Date of Birth:	

If under the age of 12, please provide the name and contact information of parent, adult agent, guardian, or lawyer below:

C. Complaint Details

When did the incident(s) happen? If the complaint is about a singular incident, provide the same From and To date.

From (mm/dd/year):	To (mm/dd/year):
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Which police service is your complaint about?

Name of the police service:

What police station/division/detachment doe the officer(s) work at? (if known)

Who did this involve? Please give us any details you might have about the police officer(s):

Officer First Name:	Officer Last Name:
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Officer Badge Number:

If there is more than one police officer involved, please provide their information below:

Where did the incident(s) that led to the complaint happen?

Street address/location:

Nearest intersection:

City:

What is the complaint about?

Describe what specifically caused you to make a complaint. Consider the following:

- What did the officer(s) do, say or did not do that has caused you to make this complaint?
- Based on your complaint, what do you think the officer(s) should have done or said?
- Describe any injury or damage as a result of what the officer(s) did or didn't do.
- If you are not the directly affected person, outline how you became aware of the incident (e.g., witness, saw in media/social media) and how you were affected (e.g., loss, damage, distress, and/or inconvenience).
- Identify any evidence of the incident(s) you have (e.g., photo, audio, video, medical records). Evidence does not need to be included at this time. All relevant information and evidence will be obtained at the time of investigation if the matter proceeds.
- If this happened to someone else and you are a witness to the incident, please include the name and contact information of the person this happened to (if known).
- Include any relevant occurrence/incident numbers if applicable.

Complaints may be screened out if they are made **more than six months** after the incident. If the incident you are complaining about happened more than six months ago, please indicate if you are under the age of 12, if you are a person with a disability, if there is a criminal case in relation to this incident and/or if there is any other reason for **your delay in making the complaint**.

D. Additional Information

If you have a disability, accommodations are available under the Ontario Human Rights Code and the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA). To request an accommodation, please complete the Accommodation Request Form. If you are not able to complete the form, please email LECA.Accommodations@ontario.ca or call 1-877-411-4773 or 416-246-7071.

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 off the box above, please fill out the below.

E. Interpreters Declaration

I declare that I have accurately interpreted the entire content of this form for the complainant from English to the following language:

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 entire content and the answers provided.

Please sign below to acknowledge this statement as true:

F. Declaration

I certify that the information provided is true. I understand the information on this form will be provided to the designated authority under the CSPA and in care of their professional standards unit and that this complaint may be investigated by the professional standards unit of the service I am complaining about, with oversight by LECA.

Write your full name: (First, Last)

Date:

Signature:

If you are represented by an agent, please have them call our Office.

G. Freedom of Information and Protection of Privacy

The personal information that you have provided on this complaint form is collected by LECA under the *Community Safety and Policing Act, 2019*. The information will be used to investigate your complaint. As an agency of the government, LECA must adhere to the *Freedom of Information and Protection of Privacy Act, 1990* (FIPPA). If you have any questions about privacy protection, please contact the Law Enforcement Complaints Agency at 416-246-7071.

H. Intake at a Police Station

Intake Officer Name:

Badge #:

Date Received (day, month, year):

This complaint form and additional information provided by the complainant must be sent to LECA for processing within three business days of receipt by a scanned copy to:

lecacomplaints@ontario.ca, by mail, or by fax at 1-877- 415- 4773.

Accommodation Request Form

Use this form to request accommodation that would allow you to file a complaint with the Law Enforcement Complaints Agency (LECA) and participate in the complaint process. You can make this request if:

- You have a need related to the ***Human Rights Code, R.S.O. 1990, c. H.19*** that may impact your ability to file a complaint or participate in the complaint process under the ***Community Safety and Policing Act, 2019, S.O. 2019, c. 1, Sched. 1*** (for example, a need related to a disability such as a visual or hearing impairment); or
- You have a need or concern related to ***Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11***.

LECA will consider the information you provide to make any arrangements needed to ensure equal access to the complaints process. If you are unable to complete this form, please contact 1-877-411-4773 or 416-246-7071.

A. Request Details

Type of request and reasons for request:

Please explain your need or concern and how it affects your ability to participate in the complaint process. Include all necessary information and be as specific as possible. Attach supporting documents, if necessary, when you submit the form. If you do not provide enough information, LECA may not be able to provide accommodation to meet your needs.

- I have a need related to the [*Human Rights Code, 1990*](#) that may impact my ability to file a complaint or participate in the complaint process. The enumerated grounds under the *Human Rights Code, 1990*, include race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or the receipt of public assistance.
- I have a need related to the [*Accessibility for Ontarians with Disabilities Act, 2005*](#).

Here are some of the examples of what LECA may do. The list is not exhaustive.

- Provide documents and reports in a variety of formats upon request, such as large print, Braille, or another reasonable format.
- Arrange and cover the costs for an American Sign Language (ASL) or a Langue des signes québécoise (LSQ) interpreter if required.
- Have documents read and explained to you by the Accommodation Coordinator, if you have a disability that makes it difficult for you to read or understand printed materials.

B. Next Steps

If the form is complete and LECA has all the information it needs, the LECA will review your request and determine the availability of the appropriate alternate arrangements. The LECA may contact you if it needs more information.

How quickly LECA makes a decision depends on the nature of your file and the information you provided. LECA will attempt to provide you with a response as expeditiously as possible.

LECA will work with you to put in place the accommodation that would help meet your need and remove the barrier in accessing the public complaints system.

C. Collection of Information

Information in this form is collected by the Law Enforcement Complaints Agency for the purpose of processing a request for accommodation under the *Human Rights Code, R.S.O. 1990, c. H.19* and *Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11* to allow an individual to participate in the complaints process under the *Community Safety and Policing Act, 2019, S.O. 2019, c. 1, Sched. 1*.

The Information within this form may be accessed and used by LECA and any agency or individual who has been directed by the Complaints Director to review, investigate, or deal with a complaint.

D. FOR OFFICE USE ONLY:

Accommodation decided by:

Request Approved: Yes No

Decision/Reasons:

Personal Information Collection and De-Identified Statistics

Under the authority of the *Anti-Racism Act, 2017* (ARA), the Law Enforcement Complaints Agency (LECA) is obligated to collect personal information from members of the public who make a complaint to LECA. Under the Ontario Regulation 267/18, LECA is required to collect race-based data on: 1) Indigenous identity, 2) race, 3) religion, and 4) ethnic origin. This information will be used to satisfy the requirements of the ARA and corresponding regulations. The sole purpose of the collection of this personal information is for eliminating systemic racism and advancing racial equity.

LECA will de-identify personal information collected under the ARA, and may use the de-identified statistical information for the purposes of satisfying LECA's mandate under the *Community Safety and Policing Act, 2019* including sections 132 and 133. This de-identified information may also be used to meet LECA's mandate, for program development and to improve service delivery.

Answering these questions is completely voluntary. No program, service, or benefit will be withheld if you do not provide or refuse to provide the personal information requested. Your decision will not affect any service provided or decision made by LECA. Personal information collected under the ARA will not be shared with police services or police services boards or any other entity, person or party, except as permitted or required under section 7(14) of the ARA.

You may also access and correct your personal information or withdraw your consent by contacting our office. As an agency of the government, LECA adheres to the requirements of the ARA and the *Freedom of Information and Protection of Privacy Act, 1990* (FIPPA).

For more information about this initiative please contact LECA Inquiries and Intake Assistant, at lecacomplaints@ontario.ca or to 655 Bay Street, 10th floor, Toronto, Ontario M7A 2T4. Telephone 1-877-411-4773.

Do you identify as First Nations, Métis, and/or Inuit? Yes No

If yes, select all that apply.

First Nations Métis Inuit

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics. (For example, Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.)

What is your ethnic or cultural origin(s)?

In our society, people are often described by their race or racial background. For example, some people are considered ‘White,’ while others are considered ‘Black’ or ‘East Asian,’ or a combination such as ‘White’ and ‘South Asian.’

Which race category best describes you? Select all that apply.

Race category	Examples/descriptions
<input type="checkbox"/> Black	African, Afro-Caribbean descent / African-Canadian
<input type="checkbox"/> East Asian	Chinese, Korean, Japanese, Taiwanese descent
<input type="checkbox"/> Indigenous	First Nations, Inuit, or Métis descent
<input type="checkbox"/> Latino	Latin American or Hispanic descent
<input type="checkbox"/> Middle Eastern	Arab, Persian, or West Asian descent, e.g., Afghan, Turkish, Kurdish
<input type="checkbox"/> South Asian	Indian Subcontinent descent, e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.
<input type="checkbox"/> Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent
<input type="checkbox"/> White	European descent
<input type="checkbox"/> Another race category not described above	Please specify: <input type="text"/>

Note: If you are entering in the “Another race category” section, please specify a race and/or select all that apply above. Do not enter “bi-racial”, or “mixed.”

What is your religion and/or spiritual affiliation? Select all that apply.

<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian
<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh
<input type="checkbox"/> Indigenous Spirituality
<input type="checkbox"/> No religion
<input type="checkbox"/> Another religion or spiritual affiliation. Please specify: <input type="text"/>