



B.C. CONSERVATION OFFICER SERVICE

Complaint Form

What You Should Know

If you wish to file a complaint about the conduct of a conservation officer, or about the policies or services of the BC Conservation Officer Service (BCCOS), please complete this form and submit it to BCCOS Provincial Headquarters in Victoria by one of the following methods:

- Email: COSEProfessionalStandards@gov.bc.ca
- Regular mail: PO Box 9376 Stn Prov Govt, Victoria BC, V8W 9M5
- Fax: (250) 356-9197
- In person: 1st Floor, 2975 Jutland Road, Victoria BC

You may also submit a completed form to any regional BCCOS office.

If you require assistance completing this form or making a complaint, contact our Provincial Headquarters or a regional office and a BCCOS employee will assist you.

A completed form will be directed to the Officer in Charge, Office of Professional Standards, for review and handling in accordance with applicable law and BCCOS policy. Include your contact information in the space below if you would like the BCCOS to follow up with you about your complaint.

For complete details about the complaint process, refer to the BCCOS [Officer Misconduct and Complaints](#) policy available on our website at www.env.gov.bc.ca/cos.

Collection Notice: Personal information on this form is collected by the BCCOS under section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of receiving and handling public complaints. Questions about this collection may be directed to the Officer in Charge, Office of Professional Standards, at BCCOS Provincial Headquarters using the contact information listed above, or by telephone at (250) 356-9234.

Your Contact Information

Last Name	First Name
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Are you under 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you making this complaint on behalf of another person? If yes, provide their name and any relevant details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Mailing Address (if you would like to be contacted by mail)

Main Phone No.	Alternate Phone No.
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Email Address:	
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Special contact instructions: Tell us the best way or time to contact you.
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Complaint Summary	
This complaint is about one of the following: <input type="checkbox"/> The conduct of a conservation officer. <input type="checkbox"/> The policies or services of the BCCOS.	
If you know a file number associated with your complaint, include it here: _____	
When did the incident(s) occur? If there was more than one incident, list the date and approximate time of each. Complaints should normally be made within 6 months of the most recent incident. If more than 6 months have passed, provide the reason(s) why the complaint should be accepted despite the delay.	
Where did the incident(s) occur? Be as specific as possible (e.g., location, area, or nearest landmark).	
Provide the name(s) of any conservation officer(s) involved. If unknown, provide details (e.g., physical description, badge #, vehicle) that may assist in identifying the officer.	
Were there any witnesses to the incident? If yes, list their names and contact information, if known.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you injured as a result of the incident? If yes, briefly describe the injury and any treatment received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached additional pages to this complaint form? If yes, briefly describe what is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Complaint Details

Use this space to provide any additional information relevant to your complaint. You may attach additional pages if more space is required.

Declaration: I certify that the information provided in this complaint form is true and complete to the best of my knowledge. I understand that the BCCOS will use this information to review and address my complaint in accordance with applicable law and BCCOS policy. I understand that the BCCOS may contact me to request additional information and may invite me to participate in the complaint process.

Signature of Complainant *Date Signed*

To be completed by the BCCOS employee who received this complaint

This complaint was received on _____ at _____

(Year | Month | Day) *Time* *Name of BCCOS Employee*

Office where complaint was received:

How was the complaint received? In person Mail Phone Email Fax

Did you help complete this form? If yes, briefly explain the assistance provided. Yes No

Were you able to address the issue at the time the complaint was received? If yes, briefly describe what actions were taken and whether the complainant agreed that the issue had been addressed. Yes No