



EVENT REPORT IN CASE OF ABUSE/DISCRIMINATION

* This information will remain anonymous

Date and Time of the event _____ Name of the Officer _____

Identification Tag _____ Vehicle number _____ On foot On bicycle

Police station _____ Type of the Officer (in plain clothes, etc.): _____

Number of the Officer involved : _____ Police service: _____

DESCRIPTION OF AGENT

<input type="checkbox"/> Male	<input type="checkbox"/> In uniform	<input type="checkbox"/> Tall	<input type="checkbox"/> Big	<i>Hair</i> <input type="checkbox"/> Short	<input type="checkbox"/> Curly
<input type="checkbox"/> Female	<input type="checkbox"/> In plain clothes	<input type="checkbox"/> Medium height	<input type="checkbox"/> Well built	<input type="checkbox"/> Shoulder length	<input type="checkbox"/> Straight
	<input type="checkbox"/> Cadet	<input type="checkbox"/> Short	<input type="checkbox"/> Slender	<input type="checkbox"/> Long	<input type="checkbox"/> Coco

Other particularities (beard, moustache, glasses, etc.) : _____ Colour : _____

PLACE (bar, street, business, vehicle, etc.)

*specify name, coordinates, and neighbourhood

TYPE OF EVENT: Attitude of Police Officer/s

<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Illegal search	<input type="checkbox"/> Enter residence without warrant
<input type="checkbox"/> Threat/Intimidation	<input type="checkbox"/> Illegal arrest	<input type="checkbox"/> Sexual assault (all forced or physical body search)
<input type="checkbox"/> Ticket/s	<input type="checkbox"/> Physical brutality	<input type="checkbox"/> Theft (without identifying cause)
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Armed brutality	<input type="checkbox"/> Refused to record complaint
<input type="checkbox"/> Others _____		

CONTEXT

<input type="checkbox"/> Inquiry	<input type="checkbox"/> Interrogation	<input type="checkbox"/> Arrest warrant
<input type="checkbox"/> Deposition	<input type="checkbox"/> Imprisonment	<input type="checkbox"/> Imprisonment
<input type="checkbox"/> Arrest	<input type="checkbox"/> Transport	<input type="checkbox"/> Identity check
<input type="checkbox"/> Fine		
<input type="checkbox"/> Other _____		

DESCRIPTION OF INCIDENT (if necessary, use an additional sheet)

*please report the specific terms used or the gestures made by the Officer as precisely as possible



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Additional Information

Why do you think the police acted this way with you?

Have you had problems in the past with the same police officers? If yes, can you explain (i.e. what happened, how many times, how long ago, etc.):

Do you feel that you were discriminated against? If yes, on what grounds (i.e. origin, language, religion, social or economic status, political beliefs, appearance, lifestyle, etc) Explain in a few words:

Have you suffered any consequences, be it psychological, physical, or otherwise, in relation to this incident?

Do you have any other additional details to add (i.e. how you are feeling, etc)?

Were there any witnesses of the incident? If yes:

Name _____ Address _____ Tel.: _____



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Have you...

- Contacted an association/organization? If yes, which _____
- Contacted a lawyer? YES NO
- Asked for a medical report in case of injuries? YES NO
- Taken pictures/videos of the injuries or of the incident? YES NO

Following the incident, do you plan to file a complaint with the police ethics commissioner? YES NO

If no, why not? _____

Personal Information (all information will be kept confidential):

Age:

Sex:

Do you wish to be contacted in the future? YES NO

If yes, where can you be reached (email, organization, telephone number, etc.)?:

Do you want your story to be published or cited (while preserving your anonymity)? YES NO

Optional :

Attach all relevant documents:

- Photos of injuries
- Photos of the incident
- Photocopies of tickets

Fax to the attention of Projet RADIS (514)847-0038