



Complaint Form

Conservation Officer Service

What You Should Know

If you have a complaint about the conduct of a conservation officer, the quality of the organization's service to the community, or its policies and procedures, please complete the form below and submit it to our provincial headquarters in Victoria by:

- email, at Conservation.Officer.Service@gov.bc.ca
- regular mail, at PO Box 9376 Stn Prov Govt, Victoria BC, V8W 9M5
- fax, at (250) 356-9197, or
- in person at 2975 Jutland Road, Victoria BC

You may also deliver a complaint form to any regional COS office or phone an employee of the COS directly. Please search the [online B.C. Government Directory](#) if there is a particular officer that you wish to speak with - you may search using "Enforcement Program", "Conservation Officer Service", or a specific surname.

If you require assistance in filing your complaint, including completion of this form, an employee of the Conservation Officer Service ("COS") is available to help.

If the issue cannot be addressed at the time your complaint is made, it will be directed to the most appropriate discipline authority for their review. If you have provided us with your contact information, the COS will notify you within 1-2 weeks to advise if your complaint will be accepted or not. The exact timing of this follow-up will vary depending on the nature of the complaint and your availability.

For complete details about our complaint process, including the options for resolution, please refer to the Conservation Officer Service "Complaints" policy available on our website, at www.env.gov.bc.ca/cos, or contact our provincial headquarters in Victoria.

Your Details [To be kept informed of the complaint process, you must provide valid contact information.]

Last Name		First Name		Title (e.g. Mr.)
Are you under the age of 18?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this complaint being submitted on someone's behalf? If yes, please explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Address [If you would like to be contacted by mail.]				
Telephone No. (Home)	Telephone No. (Work)		Cell No.	
Email Address				
Do you have any special instructions for contacting you? [For example: Are there any dates when you know you will be unavailable?]				

Complaint Summary [Use this section to provide key details of the incident.]	
This complaint is about (check all that apply):	
<input type="checkbox"/> The conduct of a conservation officer	AND / OR
<input type="checkbox"/> An incident that happened to me	OR
<input type="checkbox"/> The policies of, or services provided by the Conservation Officer Service	AND / OR
<input type="checkbox"/> An incident that happened to someone other than me	OR
Does this complaint refer to more than one incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you know a case file number associated with your complaint, include it here:	
Did the incident occur within the past 12 months? If you answer "No", you must explain why the 12 month time limit for making a complaint should be extended. Attach additional pages for this purpose or use the section on page 3 titled "Incident Details".	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did the incident(s) happen? [Indicate the specific date and the approximate time of each, as applicable.]	
Where did the incident(s) happen? [Be as specific as possible.]	
Provide the name(s) of any conservation officer involved or witness to the incident. If unknown, provide as many identifying details as possible.	
Were there any other witnesses to the incident? List their names and contact information here, if known.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you injured as a result of the incident? If yes, briefly describe your injuries and any treatment received.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any supporting materials attached to this complaint form? If yes, please list the attachment(s) here, so we can help ensure your submission is complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Incident Details [Use this section to provide a detailed account of what happened and any relevant background. Attach additional pages as needed. While preferred, your signature is not a requirement.]

Signature of Complainant

Date Signed

To be completed by the COS employee who received this complaint

This complaint was received on

at

(Year / Month / Day)

Time

Name of person receiving complaint

Office where complaint was received:

How was the complaint received? In person By mail By phone By email By fax

Did you help with the completion of this form? If yes, please explain Yes No

Were you able to resolve the issue at the time the complaint was filed? If "Yes", please explain. Depending on the circumstances, the discipline authority will contact the complainant for confirmation. Yes No

To be completed by the COS Discipline Authority

Date complaint received [year / month /day]

Name of discipline authority