

POLICE COMPLAINT MEDIATION  
ADR COMPLAINT RESOLUTION

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FILE / REFERENCE #: \_\_\_\_\_

I, [Complainant], submitted a complaint to the \_\_\_\_\_ Police Service about the  
conduct of [Regimental. No./ Member's name] on  
[DATE \_\_\_\_\_].

I agreed to attempt resolution of my complaint through an Alternative Dispute Resolution (ADR) process. I participated in Mediation on [DATE \_\_\_\_\_] and I am satisfied that my concerns have been resolved. I agree and acknowledge that no further action is required as the matter AND my complaint is now concluded to my satisfaction.

I understand that if, upon reflection, I wish to withdraw this resolution, it is recommended I should do so within 10 business days by contacting the Police Service Professional Standards Section, the Public Complaint Director or the Police Commission.

ADR Resolution Agreement:

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Complainant: \_\_\_\_\_

Signature: \_\_\_\_\_

Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Mediator: \_\_\_\_\_

Date: \_\_\_\_\_