



**ENAAG-DAWAAB-JIG
CIVILIAN OVERSIGHT COMMITTEE**

c/o 5926 HIGHWAY 540, PO BOX 332
M'CHIGEENG, ON POP 1G0
TEL: 705-377-4518 FAX: 705-377-4502
EMAIL: enaagdawaabjig@eastlink.ca
WEBSITE: www.enaagdawaabjig.ca

**REQUEST FOR REVIEW BY ENAAG-DAWAAB-JIG OF A PUBLIC COMPLAINT FILED AGAINST
A MEMBER(S) OF THE UCCM ANISHNAABE POLICE SERVICE.**

NAME OF COMPLAINANT :

FILE NUMBER :

RESULTS OF COMPLAINT INVESTIGATION :

OFFICER(S) INVOLVED :

I am seeking that a review be conducted by Enaag-dawaab-jig under section 85 of
Bylaw #2 in that: (check one)

- 1) I do not agree with the finding(s) made by the Police Chief of the UCCM Police Service and the decision rendered by the UCCM Police Commission _____.
- 2) I do not agree with the penalty being proposed by the Police Chief of the UCCM Police Service and the decision rendered by the UCCM Police Commission _____.

The reasons for my request are as follows:

Date: _____ Signature of Complainant / Representative: _____

Check with X if applicable:

I wish to nominate the following person _____ to represent me in this matter and I authorize Enaag-dawaab-jig to share any documentation with this nominee.