

COMPLAINANT'S NAME SILMSER		FIRST NAME & INITIALS David J.	REPORTED <input type="checkbox"/> BY LETTER <input checked="" type="checkbox"/> BY PHONE	<input checked="" type="checkbox"/> BY PERSON <input type="checkbox"/> BY PHONE	DATE/TIME REPORTED Jan. 21/94-10:10
ADDRESS 1210 St. Felix St., Hammond, Ont.		POSTAL CODE K0A 2A0	TELEPHONE HOME 613 1487-3560	BUSINESS 613 1782-5255	
SATHOME INVOLVED IN THE COMPLAINT LESS THAN 18 YEARS OLD THE TIME OF THE INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, GIVE NAME		POSSIBLE THIRD PARTY COMPLAINT <input type="checkbox"/>	
DOES COMPLAINANT REQUIRE AN INTERPRETER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LANGUAGE _____		INTERPRETER'S NAME, ADDRESS & TELEPHONE NO			

CIRCUMSTANCES OF COMPLAINT

DATE Sept. 1993	TIME unknown	AM PM	LOCATION Cornwall	POLICE FORCE Cornwall	STATION/DEPARTMENT Station
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SUMMARY OF INCIDENT:

SEE APPENDIX "A" ATTACHED HERETO

SPECIFIC ALLEGATION(S) OF MISCONDUCT:

unauthorized release of confidential statement given to police in context of criminal investigation (for additional particulars, please see January 11, 1994 letter from Bruce Geoffrey)

DETAILS OF INJURIES SUSTAINED FROM COMPLAINT INCIDENT

mental anguish - breach of right of privacy

ATTENDING PHYSICIAN	ADDRESS	TELEPHONE ()	DATE ATTENDED
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HOSPITAL ATTENDED	ATTENDING PHYSICIAN	TELEPHONE ()	DATE ATTENDED
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PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BY WHOM	BADGE NO.	POLICE FORCE	STN/DET	DATE/TIME	LOCATION
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OFFICER(S) INVOLVED	NAME	BADGE NO.	POLICE FORCE	STN/DET
	Cst. H. Sebalj	155	Cornwall Police Service	Station

WITNESSES	NAME	ADDRESS	TELEPHONE
1			()
2			()
3			()
4			()

CHARGES LAID AGAINST: COMPLAINANT POLICE OFFICER(S)

SPECIFY PERSON CHARGED/CHARGE LAID:

PRESERVATION OF EVIDENCE REPORT PER SECTION 77 (4)	SUBMITTED BY	BADGE NO.	POLICE FORCE	STN/DET
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COMPLAINT RECEIVED BY	NAME	BADGE NO.	POLICE FORCE	STN/DET	DATE/TIME
	S/Sgt. B.F.Wells,	14	Cornwall	Station	Jan. 21/94 10:28a.m

I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE

FORM 2 GIVEN YES NO

[Signature]
SIGNATURE OF COMPLAINANT

Jan. 21, 1994
DATE

This information is collected under the authority of the Police Services Act, 1997. The principal purpose for which this information will be used is to investigate complaints about police officers in Ontario.

If you have any questions in that regard, please contact:
FOI Co-ordinator, Office of the Police Complaints Commissioner
157 Bloor Street West, Toronto, Ontario M5S 1P7

OFFICE OF THE POLICE COMPLAINTS COMMISSIONER
Telephone No. 1-800-267-5648