



## Instructions

Personal information contained on this form is collected pursuant to the *Police Services Act*, s.41 and Federal and Provincial privacy legislation and is collected for the purpose of processing this Application for the Removal of OPP Suicide Information on CPIC. Information related to this application will be retained for two years. Questions regarding this application should be directed to your local OPP detachment.

The applicant acknowledges that by affixing his/her signature on this application, the applicant hereby consents to the OPP reviewing relevant personal information stored on the Canadian Police Information Centre (CPIC) database. A determination will then be made as to whether one or more entries relating to a threatened or attempted suicide allegedly committed by the applicant, and entered by the OPP, should be removed.

This application must be completed and submitted by the applicant or substitute decision-maker to your local OPP detachment. Two pieces of identification (one must be government issued photo ID) of the applicant will be required at the detachment to verify the identity of the applicant. Be advised, the process to review all records and make a determination on the application may take several weeks.

## Applicant Information

Last name	First name	Middle name(s)
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Maiden name/other last name(s)

Date of Birth (yyyy/mm/dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (describe)
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Email address	Contact phone number
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## Address

Unit number	Street number	Street name	PO Box
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City/Town	Province	Postal code
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## Addresses for the Last Five (5) Years (if different from above)

1. Unit number	Street number	Street name	PO Box
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City/Town	Province	Postal code
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2. Unit number	Street number	Street name	PO Box
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City/Town	Province	Postal code
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3. Unit number	Street number	Street name	PO Box
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City/Town	Province	Postal code
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4. Unit number	Street number	Street name	PO Box
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City/Town	Province	Postal code
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5. Unit number	Street number	Street name	PO Box
City/Town		Province	Postal code

**Details of the occurrence(s)/incident(s)**

Please provide all the information you can about the alleged threatened or attempted suicide such as the date, location, officer name, etc..

**Release and Discharge from Liability**

I hereby certify that the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby authorize the OPP to conduct searches of OPP entries on CPIC to obtain the required information about me to complete this process, which may result in one or more entries about me being removed from CPIC.

By signing below, I hereby release, waive and forever discharge Her Majesty the Queen in Right of Ontario, the Commissioner of the OPP and all employees and agents thereof from any and all actions, claims and demands for damages, loss or injury howsoever arising, which may hereafter be sustained by myself, due to the removal of an entry or entries by the OPP, as a result of this application.

This release and discharge from liability shall be binding upon my heirs, executors, administrators, and assigns.

**Signature**

By affixing my signature below, I certify that I have read and understood this application.

Signature of applicant/substitute decision-maker	Date (yyyy/mm/dd)
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**Identification (Police use only)**

<input type="checkbox"/> Identity of applicant has been verified	Employee ID and Signature	Date (yyyy/mm/dd)
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