

**COMPLAINT AGAINST THE POLICE FORM**

1. Under which station does your complaint fall?

2. Where did the incident happen that led to your complaint?

NOTE: It may help us to process your complaint faster if you can give us details of where the incident took place. Please be as specific as possible, for example give us identity landmarks, or if you are on a long road, tell us what part of it you were on.

3. When did the incident happen that led to your complaint?

4. Describe below what happened in the incident where you felt the police treated your badly?

(Please keep your account to a maximum of 300 words, however if you want to add more information you may supply a covering letter and any other relevant material, with this form)

Please include details of:-

- Who was involved
- What was said and done
- Any other person who were witness to the incident
- If there were any damage or injury
- Have you reported the incident to any police station or senior officer?

Witness details

5. Please give us the contact details of any witnesses (if you know them)

Name:

Address:

Date of birth:

Preferred daytime contact telephone number:

Preferred evening contact telephone number:

Mobile telephone number:

Email address:

Name:

Address:

Date of birth:

Preferred daytime contact telephone number:

Preferred evening contact telephone number:

Mobile telephone number:

Email address:

Police details

6. Please give us any details you might have about the police officers involved in the incident:

Name:

Rank:

Name:

Rank:

Contact details

7. Please give us your contact details

Declaration:

Name:

Address:

Date of birth:

Preferred daytime contact telephone number:

Preferred evening contact telephone number:

Mobile telephone number:

Email address:

I give my consent for you to pass these details on to the Deputy Commissioner Complaints.

Signature:..... **Date:**.....

3rd party complainant

Name:

Address:

Date of birth:

Preferred daytime contact telephone number:

Preferred evening contact telephone number:

Mobile telephone number:

Email address:

Declaration:

I give my consent for the above named individual to contact you on my behalf and I give consent to pass these details to the Deputy Commissioner Complaints. If someone else is complaining for you, or on your behalf you must sign below to give your consent

Signature:..... **Date:**.....