



Complaint against a Member of the Police Service

By submitting this form you agree to the information provided being used for case management and any other Policing purpose including Home Office Statistics and assessment.

COMPLAINANT PERSONAL DETAILS

Surname:		Title:	
Forenames:			
Date of Birth:		Occupation:	

COMPLAINANT CONTACT DETAILS

Address:				
Post code:		Email:		
Contact no:		Other No:		
Preferred Method of Contact:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person

AGENT DETAILS (family member, friend or solicitor to act on your behalf)

Agent Type:				
Surname:		Title:		
Forenames:				
Company:				
Address:				
Post Code:		Email :		
Contact No:		Other No:		
Fax No:				

Please tick here to confirm the complainant authorises you to act on their behalf.

COMPLAINT DETAILS

Date of Incident:		Time From:		Time To:
Location of Incident				

WHAT IS YOUR COMPLAINT ABOUT?

Please describe the circumstances that have led to your complaint?

Include details of:

- Who was involved?
- What was said and done?
- Where the incident took place?
- If there was any damage or injury
- Any other people who witnessed the incident
- Details of any witness

COMPLAINT CIRCUMSTANCES

In your opinion, does the complaint relate to any of the following:

Racial: <input type="checkbox"/>	Gender: <input type="checkbox"/>	Religion: <input type="checkbox"/>	Mental Health: <input type="checkbox"/>	Sexuality: <input type="checkbox"/>	Disability: <input type="checkbox"/>
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Does your complaint arise from a forcible sectioning under the Mental Health Act?	Yes / No
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Does your complaint arise from your arrest?	Yes / No
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If yes, then please provide the status of proceedings:	
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If you have been charged, please provide the name of the court you will be appearing at:	
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Date of Court appearance:	
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MEMBER(S) OF THE POLICE SERVICE SUBJECT OF COMPLAINT

Rank:	Collar Number:	Name

CONFIRMATION

Please tick here to confirm that the above information is correct to the best of your knowledge.

Date	
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FORM COMPLETED BY (if completed by Force)

Name:	
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Collar number:		Collar number:	
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BCU /Area:		BCU /Area:	
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Date of completion:	
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ADDITIONAL INFORMATION (Use this section for any other relevant information)

Empty box for additional information.

RESTRICTED WHEN COMPLETE

EQUALITY OF SERVICE MONITORING FORM

The Police Service is committed to providing Equality of Service in terms of dealing with members of the Public regardless of race, gender, marital status, colour, nationality, religion or belief, ethnic or national origin, sexual orientation, age or disability. This commitment applies to all issues in relation to dealing with members of the public. In order that we may monitor and maintain Equality of Service would you please answer the following questions? However, if you would prefer not to say it will not affect your complaint in any way:

Gender:			
Sexual Orientation:			
Disability:		Other disability - specify:	
Ethnicity:			
Religious Belief/Faith:		Other Religious Belief/Faith - specify:	