

Expression of Dissatisfaction about 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:		Age:		Occupation:
Place of Birth:				

COMPLAINANT CONTACT DETAILS			
Address:			
Postcode:		Email:	
Contact No:		Other No:	
Preferred Method of Contact:			

AGENT DETAILS (family member, friend or solicitor to act on your behalf)			
Agent Type:			
Person Dealing:			
Company:			
Address:			
Postcode:		Email:	
Contact No:		Other No:	
Fax No:			

<input type="checkbox"/>	Please tick here to confirm the complainant authorises you to act on their behalf.
<input type="checkbox"/>	We will require written authority before we can proceed.

COMPLAINT DETAILS			
Date of Incident:	From:		To:
Time of Incident:	From:		To:
Incident Location:			Incident No:

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?
- If there was any damage or injury
- Summary of your complaint

WHAT IS YOUR EXPECTED RESOLUTION?

COMPLAINT CIRCUMSTANCES				
If your complaint relates to discrimination, please tick if it refers to any of the following:				
Age: <input type="checkbox"/>	Disability: <input type="checkbox"/>	Gender Reassignment: <input type="checkbox"/>	Marriage and Civil Partnership: <input type="checkbox"/>	Pregnancy and Maternity: <input type="checkbox"/>
Race: <input type="checkbox"/>	Religion or Belief: <input type="checkbox"/>	Gender: <input type="checkbox"/>	Sexual Orientation: <input type="checkbox"/>	Mental Health: <input type="checkbox"/>
Does your complaint arise from your arrest:				
If yes, then please provide the status of proceedings:				
If you have been charged, please provide the name of the court you will be appearing at:				
Date of Court appearance:				

MEMBER(S) OF THE POLICE SERVICE SUBJECT OF COMPLAINT				
Rank:	Number:	Forenames:	Surname:	Staff Location:

WITNESSES TO THE INCIDENT			
Surname:		Title:	
Forenames:			
Address:			
Postcode:		Email:	
Contact No:		Other No:	

CONFIRMATION	
Please tick here <input type="checkbox"/> to confirm that the above information is truthful and accurate to the best of your knowledge.	
Date	

ADDITIONAL INFORMATION (Use this section for any other relevant information)
Include any special requirements or additional support needed in dealing with your complaint.

FORM COMPLETED BY (if completed by Force)

Name:			
Number:			
Area:		Police Station:	
Date of Completion:			

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:	
Self Class Ethnicity:			
Religious Belief/Faith:		Other Religious Belief/Faith - specify:	
Email to:			Submit