Police Complaints Authority
46 Park Street, P.O.S.
Ph 627-4377
Fax 627-0432

Police Complaints Authority

FORM OF COMPLAINT

(*Act No. 17 of 1993 - Section 21*)

Please complete this section on **BLOCK** letters

NAME			
	(Surname)	(First Name)	(Middle Name)
ADDRESS			
POSTAL ADDRESS			
(if different from above)			
TEL. NO.		CONTACT TEL. NO.	
Name, Rank an Number of the Officer against whom the Complaint was made			

Particulars of the Complaint:

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Particulars of the Complaint (*continued*)**:**

Please list the names of your witnesses, if available:

Full Name	Contact No. / Address

I, **.....**, hereby certify that I have at the request of the Complainant written out the above complaint as stated by the Complainant, and that I have read over the same to the Complainant who states the same to be true and correct.

Date	Investigator	Complainant

For official use only:

Failure to investigate	[ ]	Seizure of Items	[ ]	Theft	[ ]	Gun drawn	[ ]
Failure to take report	[ ]	Domestic Violence	[ ]	Battering	[ ]	Extortion	[ ]
Failure to perform duty	[ ]	Sexual abuse	[ ]	Wrongful arrest	[ ]	Forced statement	[ ]
Failure to appear in court	[ ]	Vehicle Impounding	[ ]	Fraud	[ ]	No warrant	[ ]
Impolite behaviour	[ ]	Criminal Damage	[ ]	Maintenance	[ ]	Harassment	[ ]
Malicious Prosecution	[ ]	False imprisonment	[ ]	Miscellaneous	[ ]	Failure to read warrant	[ ]

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