



INTERNAL AFFAIRS UNIT

COMPLAINTS INTAKE FORM

COMPLAINTS AGAINST MEMBERS OF THE NATIONAL POLICE SERVICE

(To be completed by Members of the Public, Police Officers, Groups, and Organizations)

SECTION 1: COMPLAINANT CONTACT DETAILS

NAME:	
ID NUMBER:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	
COUNTY OF RESIDENCE:	

Are you making this complaint on behalf of Self Someone Else? *If someone else, who?*

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SECTION 2: DETAILS OF OFFICER YOUR INFORMATION/COMPLAINT IS ABOUT

If unknown, leave blank.

NAME:	
RANK:	
POSTAL ADDRESS:	
SERVICE NUMBER:	
CURRENT DUTY STATION:	
PREVIOUS DUTY STATION:	
MOBILE NUMBER:	

THE COMPLAINT(S): If additional space is needed, please attach it to this form.

- 1.) Description of Complaint. Details of the circumstances, location, date and time:

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2.) Were you involved in the case you are complaining about: as a suspect as a witness
as a victim Other (specify):

3.) Have you formally filed another complaint? Yes No *If Yes*, Where: with police With DPP
With IPOA Other (specify):

4.) If you have already filed a complaint, please give details and copies of relevant correspondence:
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5.) Do you have any witnesses to support your complaint? If yes, please give their names, and contact details:
a.
b.
c.

6) Do you have any evidence? If yes, please specify below
a.
b.

Complainant Signature

Official Use

ACTION TAKEN.....
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IAU HANDLING OFFICER.....

DATE..... TIME.....

SIGNATURE