

# COMPLAINT AGAINST A MEMBER OF A POLICE FORCE

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.

<b>Date:</b>		<b>Name of Force:</b>	
<b>1 Details of Complainant - Complete additional forms for additional complainants or interested parties</b>			
Surname:		First Names:	
Address:		Title:	Mr/Mrs/Miss/Ms/Dr
		Date of Birth	
		Tel. No:	
		Mobile no:	
		Occupation:	
Postcode:		E Mail Address:	
<b>Preferred Method of Contact is by:</b>		Telephone: <input type="checkbox"/> Letter: <input type="checkbox"/> E Mail: <input type="checkbox"/> Third Party: <input type="checkbox"/>	
<b>2 Details of Complaint</b>			
How Made:	Letter <input type="checkbox"/>	E-Mail <input type="checkbox"/>	Telephone <input type="checkbox"/> Personal Visit to: <input type="checkbox"/> Police Station
Date:		Time:	Person completing: <input type="checkbox"/>
Date of incident:		Time of incident:	
Location of incident:			
Div / LAC Area:			
<b>Brief summary of incident (including details of injuries, if any)</b>			
<b>3</b> Detail the <i>specific</i> complaints made against employees, providing as much detail as possible. To record a formal complaint we must be able to determine <i>exactly</i> what an employee is alleged to have done. Generalisations are not sufficient.			

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

Racial  Homophobic  Religion  Mental health  Sexuality  Disability

**4 Member(s) of the Police Service Subject of Complaint** *(Continue on separate sheet if necessary)*

Rank / Grade	ID Number	Name	LAC

## 5 Equality Of Service Monitoring Form (this will be destroyed)

The Police are 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:**  Male  Female  Other  Prefer not to say

**Sexual Orientation:**  Bisexual  Gay/Lesbian  Heterosexual  Prefer not to say

**Disability:**  No  Learning Disability  Learning Difficulty  Mental  
 Physical  Sensory  Prefer not to say  Other (specify).....

### Ethnicity:

<b>White</b>	<b>British</b>	<b>W1</b>	<input type="checkbox"/>
	<b>Irish</b>	<b>W2</b>	<input type="checkbox"/>
	<b>Any other White background</b>	<b>W9</b>	<input type="checkbox"/>
<b>Mixed</b>	<b>White and Black Caribbean</b>	<b>M1</b>	<input type="checkbox"/>
	<b>White and Black African</b>	<b>M2</b>	<input type="checkbox"/>
	<b>White and Asian</b>	<b>M3</b>	<input type="checkbox"/>
	<b>Any other Mixed background</b>	<b>M9</b>	<input type="checkbox"/>
<b>Asian or Asian British</b>	<b>Indian</b>	<b>A1</b>	<input type="checkbox"/>
	<b>Pakistani</b>	<b>A2</b>	<input type="checkbox"/>
	<b>Bangladeshi</b>	<b>A3</b>	<input type="checkbox"/>
	<b>Any other Asian background</b>	<b>A9</b>	<input type="checkbox"/>
<b>Black or Black British</b>	<b>Caribbean</b>	<b>B1</b>	<input type="checkbox"/>
	<b>African</b>	<b>B2</b>	<input type="checkbox"/>
	<b>Any other Black background</b>	<b>B9</b>	<input type="checkbox"/>
<b>Chinese or any other Ethnic Group</b>	<b>Chinese</b>	<b>O1</b>	<input type="checkbox"/>
	<b>Any other Ethnic Group</b>	<b>O9</b>	<input type="checkbox"/>
	<b>Not Stated</b>	<b>NS</b>	<input type="checkbox"/>

### Religious Belief/Faith:

<b>Agnostic</b>	<input type="checkbox"/>	<b>Evangelical</b>	<input type="checkbox"/>	<b>Presbyterian</b>	<input type="checkbox"/>
<b>Anglican</b>	<input type="checkbox"/>	<b>Free Church</b>	<input type="checkbox"/>	<b>Protestant</b>	<input type="checkbox"/>
<b>Atheist</b>	<input type="checkbox"/>	<b>Greek Orthodox</b>	<input type="checkbox"/>	<b>Quaker</b>	<input type="checkbox"/>
<b>Baptist</b>	<input type="checkbox"/>	<b>Hindu</b>	<input type="checkbox"/>	<b>Roman Catholic</b>	<input type="checkbox"/>
<b>Brethren</b>	<input type="checkbox"/>	<b>Islamic/Muslim</b>	<input type="checkbox"/>	<b>Sikh</b>	<input type="checkbox"/>
<b>Buddhist</b>	<input type="checkbox"/>	<b>Jehovah Witness</b>	<input type="checkbox"/>	<b>Salvation Army</b>	<input type="checkbox"/>
<b>Ch Scientist</b>	<input type="checkbox"/>	<b>Jewish</b>	<input type="checkbox"/>	<b>Spiritualist</b>	<input type="checkbox"/>
<b>Chapel</b>	<input type="checkbox"/>	<b>Church of Ireland</b>	<input type="checkbox"/>	<b>Unitarians</b>	<input type="checkbox"/>
<b>Christian</b>	<input type="checkbox"/>	<b>Latter-Day Saints</b>	<input type="checkbox"/>	<b>United Reform</b>	<input type="checkbox"/>
<b>Church of England</b>	<input type="checkbox"/>	<b>Methodist</b>	<input type="checkbox"/>	<b>None</b>	<input type="checkbox"/>
<b>Church of Scotland</b>	<input type="checkbox"/>	<b>Mormon</b>	<input type="checkbox"/>	<b>Not Known</b>	<input type="checkbox"/>
<b>Church of Wales</b>	<input type="checkbox"/>	<b>Non Conformist</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
<b>Congregationalist</b>	<input type="checkbox"/>	<b>Pentecostal</b>	<input type="checkbox"/>	<b>Prefer not to say</b>	<input type="checkbox"/>