

1. PERSONAL DETAILS			
Surname			
First name			
Address			
Contact Number			
E-mail Address			
Occupation			
Are you complaining on behalf of someone else? If yes, give their details below.			
Surname			
First name			
Address			
Contact Number			
E-mail Address			
Relationship to you			
2. SUBJECT OF COMPLAINT Please tick (✓) one of the following boxes:			
Ministry	Department	Local Authority	Statutory Corporation
Agency	Publicly Owned Company	Other	
Please state the name and address of the authority complained of:			
<p>Summary of the complaint. Please give as much details as possible including the wrongdoing or abuse, officers involved, dates and times, locations, injuries or loss sustained and any other relevant information. (You may attach a separate sheet of paper if necessary)</p>			
<p>What action or result do you want? (<i>for instance, compensation, criminal proceedings, disciplinary action, etc</i>)</p>			
<p>Can you provide us with any documents which relate to the complaint? (Please tick ✓) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please list below:</p>			
<p>PLEASE NOTE: To expedite the handling of your complaint, please provide as much information as possible and attach all documents supporting your complaint, such as legal documents, medical records & photos!</p>			