

Making a complaint against the police, a Police and Crime Commissioner or the Mayor's Office for Policing and Crime

IPCC Office Use Only

Completing the form

Please use BLOCK CAPITALS when completing this form. If you have any difficulties in filling out this form, and would like to discuss it please call 0300 020 0096. If you would like someone to act on your behalf (perhaps a friend or relative) please provide their details and your written permission for them to act on your behalf and submit this with your form.

Your details (complainant)

Title: e.g. Mr, Miss, Mrs, Ms, Other (please specify)

First name:

Last name: Date of birth:

Address:

.....

..... Postcode:

Work telephone Home telephone number.....

Mobile telephone number: Email:

Who are you complaining about?

Please give the details of who you are complaining about – for example the police force / Police and Crime Commissioner or the Mayor’s Office for Policing and Crime.

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For complaints against the police please give us any details you might have about the officer(s) you would like to **make a complaint against**:

Name, rank, ID and any other identifier:

Name, rank, ID and any other identifier:

If you know the police station that the officer/s work from, please give details:

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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
- Where the incident took place
- When the incident took place
- If there was any damage or injury
- Any other people who witnessed the incident
- Details of any witness

At this stage we only require a summary of your complaint, but you may attach additional information if necessary. Please use the space provided on the last page of this form.

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Signature and date

The details of this complaint will be sent to the appropriate authority responsible for considering your complaint. Please sign and date to confirm the information you have provided is correct:

Signature.....

Date.....

The IPCC, like all public bodies, is obliged to record the diversity of those using its services, is committed to ensuring that everyone has equal access to them, and that they are delivered fairly. Please answer the following questions about yourself, so that we can make sure this is happening. The information will only be used for the reasons outlined, and will remain confidential. You do not have to answer the questions, and may prefer not to answer. This will not make any difference to the way you are treated.

Gender

Male	<input type="checkbox"/>	Transgender – Male	<input type="checkbox"/>
Female	<input type="checkbox"/>	Transgender – Female	<input type="checkbox"/>
other	<input type="checkbox"/>	prefer not to say	<input type="checkbox"/>

Religion and Belief

No religion	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
any other religion	<input type="checkbox"/> (please describe).....
prefer not to say	<input type="checkbox"/>

Sexual Orientation

Heterosexual or Straight	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
any other orientation	<input type="checkbox"/> (please describe).....
prefer not to say	<input type="checkbox"/>

Ethnicity

white: English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
white: Irish	<input type="checkbox"/>
white: Gypsy or Irish Traveller	<input type="checkbox"/>
white: any other white background	<input type="checkbox"/> (please describe).....
mixed: white and black Caribbean	<input type="checkbox"/>
mixed: white and black African	<input type="checkbox"/>
mixed: white and Asian	<input type="checkbox"/>
mixed: any other mixed/multiple ethnic background	<input type="checkbox"/> (please describe).....
Asian: Indian	<input type="checkbox"/>
Asian: Pakistani	<input type="checkbox"/>
Asian: Bangladeshi	<input type="checkbox"/>
Asian: Chinese	<input type="checkbox"/>
Asian: any other Asian background	<input type="checkbox"/> (please describe).....
black: African	<input type="checkbox"/>

A light pink rectangular area containing four horizontal dotted lines, serving as a writing space.