

**REPORT FORM**

PCA Official Use Only

Report #

Complaint #

**Your Details** (Please complete this section in **BLOCK** letters)

Title (Mr/ Mrs/ Ms): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ID/DP No: \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_  
 \_\_\_\_\_

**(PLEASE NOTIFY THE POLICE COMPLAINTS AUTHORITY WHEN YOU HAVE A CHANGE OF ADDRESS)**

Mailing Address (If different from above): \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Close Friend/Alternative Contact: \_\_\_\_\_

Contact Address/Telephone: \_\_\_\_\_

Do you have any matters currently before any Court of Law?: Yes  No

If the answer above is yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever made a complaint to the Police Complaints Authority before?: Yes  No

If the answer above is yes, give approximate date/s when complaint/s was/were made: \_\_\_\_\_

**Details of Complaint**

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am/pm  
Day Month Year

Location of Incident: \_\_\_\_\_  
 \_\_\_\_\_

Name of Officer(s) Involved (where you do not know the name/s, please provide other identifying details such as rank, number and/or description of the officer):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Please list the names of available witnesses to the incident.

Witness \_\_\_\_\_ Address/Contact: \_\_\_\_\_

Witness \_\_\_\_\_ Address/Contact: \_\_\_\_\_

Witness \_\_\_\_\_ Address/Contact: \_\_\_\_\_

