**Royal Falkland Islands Police**

**(Tel: +500 28100 / Fax: +500 28110 / Email:** **reception@police.gov.fk** **)**

**Expression of Dissatisfaction about a Police**

**Officer/Reserve Police Officer**

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| **PART 1a – COMPLAINANT PERSONAL DETAILS** |
| **Surname** |  | **Forename(s)** |  |
| **Date of Birth** |  | **Age** |  |
| **Place of Birth** |  | **Occupation** |  |
| **PART 1b – COMPLAINANT CONTACT DETAILS** |
| **Address**  |  |
| **Home telephone number** |  | **Mobile telephone number** |  |
| **Email address** |  | **Preferred contact method** |  |
| **PART 1c -** **AGENT DETAILS - family member, friend or solicitor to act on your behalf (if applicable)** |
| **Agent type** |  | **Contact Name** |  |
| **Company** |  | **Address** |  |
| **Email** |  | **Telephone number** |  |
| **Where an agent is acting on your behalf, you will also need to provide written authority for them to do so before we can proceed.** |
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| **PART 2a – COMPLAINT DETAILS** |
| **Date of Incident** | **From** |  | **To** |  |
| **Time of Incident** | **From** |  | **To** |  |
| **Location of Incident** |  |
| **What is the complaint about?** **Please describe the circumstances that have led to your complaint, please include details of;** * **Who was involved**
* **If there was any damage or injury,**
* **What was said and done**
* **Summary of your complaint**
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| **What is your expected resolution?** |  |
| **PART 2b – COMPLAINT CIRCUMSTANCES** |
| **If your complaint relates to discrimination, please any of the following that apply:** |
| **Age** |  | **Race** |  | **Disability** |  | **Religion/****Beliefs** |  | **Gender** |  |
| **Sexual Orientation** |  | **Marriage/****Relationship** |  | **Pregnancy/****Maternity** |  | **Mental** **Health** |  | **Gender** **Reassignment** |  |
| **Does your complaint arise from your arrest?** |  |
| **If you have answered yes to the above, please provide the status of the proceedings** |  |
| **If you have been charged, please provide the date you are scheduled to appear and the type of court (summary, magistrates, etc) you are to appear before.** |  |
| **PART 2c – MEMBER(S) OF RFIP THAT ARE THE SUBJECT OF THE COMPLAINT** |
| **Rank** | **Collar Number** | **Surname** | **Forename(s)** |
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| **PART 2d – WITNESSES TO THE COMPLAINT** |
| **Personal and contact details of witness one** |
| **Surname** |  | **Forename(s)** |  |
| **Address** |  |
| **Email address** |  | **Contact phone number (s)** |  |
| **Personal and contact details of witness two** |
| **Surname** |  | **Forename(s)** |  |
| **Address** |  |
| **Email address** |  | **Contact phone number (s)** |  |

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| **CONFIRMATION - By submitting this form you agree to the information provided being used for case management and any other Policing purpose including statistical analysis and reporting. You are also confirming that the information you have given is accurate and truthful to the best of your knowledge.** |
| **Signature** |  | **Date** |  |

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| **PART 3 – DETAILS OF OFFICER COMPLETING FORM – IF COMPLETED BY MEMBER OF RFIP** |
| **Full Name** |  | **Signature** |  |
| **Rank and Collar number** |  | **Date** |  |

**NOTES AND OTHER INFORMATION**

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