Expression of Dissatisfaction about the Police Service

If you require any adjustments to support you through the complaints system, please outline these in the Additional Information box. For example, if you have a visual impairment, you may require the police to provide written responses in larger text.

YOUR PERSON	AL DETAILS				
Last name: Mo	OORES		Title:	MR	
First names: AI	DAM				
Date of birth: $\frac{21}{1}$	-05-1988		Age:	35	
YOUR CONTAC	T DETAILS				
Address:	42 WINDERME DU	ERE ROAD JKINFIELD			
Postcode:	SK16 4SJ	Email:	mooresa	808@gmail.com	
Contact no:	0777 423 1236		Other no:		
Preferred method	d of contact:	TER	,		
RE YOU MAKI	NG THE COMPLA	INT FOR SON	MEONE ELSE	?	
Tick here if y	☐ Tick here if you are you making the complaint for someone else.				
If the answer is "No" you do not need to complete this section.					
Please tick here to confirm the complainant authorises you to act on their behalf. We will					
	person making the co ationship to the perso			ore we can proceed.	
Address:					
Postcode:		Email:			
Contact no:			Other no:		
Preferred method of contact:					
COMPLAINT DETAILS					
Date of incident:	From:			То:	
Time of incident:	From:			То:	
Incident location: V3.1 August 2022		Dissatisfaction a	Inciden about the Police		

OFFICIAL WHEN COMPLETE

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?

- If there was any damage or injury
- Summary of your complaint

ATIONOUS EVEROTES SECONUTIONS	
AT IS YOUR EXPECTED RESOLUTION?	

DETAILS OF THE POLICE OFFICER/STAFF MEMBER THAT YOU ARE COMPLAINING ABOUT

If you know the name of the police officer/police staff involved in your complaint please enter them below. Please note, when you are contacted about your complaint you will be given further opportunity to describe them.

Rank	Number	First names	Last name	Staff location
PC	X1270		MOORHOUSE	ΓRAFFIC
PC	15744		GARSIDE	TRAFFIC
PC	8820		BATESON	ECCLES
PS		ELIZABETH	GREEN	PSB
PCC		KATE	GREEN	MANCS. TOWN HALL

✓ Were there any witnesses to the incident?				
If "Yes" plea Last name: ,	se provide details bel	ow		
First names:			Title:	
T II St Hames.				
Address:				
Postcode:		Email:		
Contact no:			Other no:	

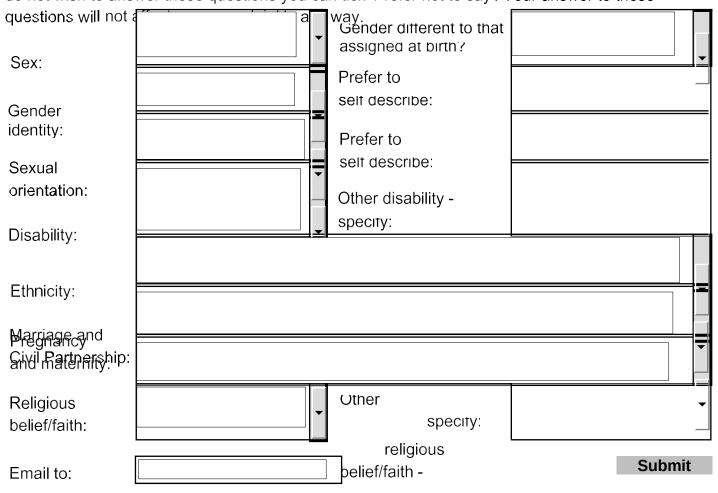
Please use the "Additional information" section if you have more than one witness to the incident?

V3.1 August 2022

	DRMATION (Use this section for any other relevant information) requirements or additional support needed in dealing with your complaint.
knowledge and that	onfirm that the above information is truthful and accurate to the best of your all contents of this form (including your equality and diversity information) can
	ored on the complaints case management system for the purpose of National or the Home Office and Independent Office for Police Conduct (IOPC)
Date:	
FORM COMPLETE	D BY (if completed by Force)
Name:	
Number:	
Area:	Police station:
Data of completion:	

EQUALITY OF SERVICE MONITORING FORM

We want to make sure everyone has an equal chance to use and benefit from our services. To help us ensure we continue to do this, it would help us if you could answer the following questions If you do not wish to answer these questions you can tick 'Prefer not to say'. Your answer to these



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