

# 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 PERSONAL DETAILS

Last name:	MOORES	Title:	MR
First names:	ADAM		
Date of birth:	21-05-1988	Age:	35

## YOUR CONTACT DETAILS

Address:	42 WINDERMERE ROAD DUKINFIELD		
Postcode:	SK16 4SJ	Email:	mooresa808@gmail.com
Contact no:	0777 423 1236	Other no:	
Preferred method of contact:	LETTER		

## ARE YOU MAKING THE COMPLAINT FOR SOMEONE ELSE?

☐ 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

contact the person making the complaint for written authority before we can proceed.

What is your relationship to the person making the complaint?

Your name:			
Address:			
Postcode:		Email:	
Contact no:		Other no:	
Preferred method of contact:			

## COMPLAINT DETAILS

Date of incident:	From:		To:	
Time of incident:	From:		To:	
Incident location:			Incident no:	

## 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

This will not be your only opportunity to explain what happened as you will be contacted about your complaint and further details can be added at that time.

## WHAT IS YOUR EXPECTED RESOLUTION?

Expected resolution specify:

**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	TRAFFIC
PC	15744		GARSDIE	TRAFFIC
PC	8820		BATESON	ECCLES
PS		ELIZABETH	GREEN	PSB
PCC		KATE	GREEN	MANCS. TOWN HALL

☒ Were there any witnesses to the incident?

If "Yes" please provide details below

Last name:

First names:

Title:

Address:

Postcode:

Email:

Contact no:

Other no:

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

**ADDITIONAL INFORMATION** (Use this section for any other relevant information)  
Include any special requirements or additional support needed in dealing with your complaint.

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**CONFIRMATION**

Please tick here to confirm that the above information is truthful and accurate to the best of your knowledge and that all contents of this form (including your equality and diversity information) can be submitted and stored on the complaints case management system for the purpose of National Statistical reporting to the Home Office and Independent Office for Police Conduct (IOPC) ☐

Date:

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**FORM COMPLETED BY** (if completed by Force)

Name:

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Number:

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Area:

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Police station:

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Date of completion:

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## 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 questions will not affect your service in any way.

Sex:

Gender different to that assigned at birth?

Gender identity:

Prefer to self describe:

Sexual orientation:

Prefer to self describe:

Disability:

Other disability - specify:

Ethnicity:

Marriage and Civil Partnership:  
Pregnancy and maternity:

Religious belief/faith:

Other

specify:

Email to:

religious belief/faith -

**Submit**