

Family Name:	First Name(s):
Date of Birth:	Nationality:
CID Reference Number: HO Reference Number: NOMIS Number:	Current Location (IRC or STHF name, other):
Location where the incident you are referring to in your complaint occurred (IRC, STHF, other):	
Contact details – email address and mobile telephone number:	

Have you previously spoken to anyone about your complaint? Yes ☐ No ☐

If 'Yes', to whom did you speak?

Do you wish for your complaint to be shared with the Independent Monitoring Board (IMB). Details of this organisation can be found on page 4 of this form.

Yes ☐ No ☐

Is this a complaint about healthcare services or staff? Yes ☐ No ☐

If your complaint is about an incident in which you were injured, the investigating officer may wish to examine your medical records. Do you give permission for the investigating officer to have access to your medical records?

Yes ☐ No ☐

Please provide a telephone number/forwarding address/email address should you anticipate release from detention prior to receiving a response to your complaint. Any reply by email will not be encrypted.

My forwarding details are:.....  
.....  
.....

**The submission of a complaint will not affect consideration of your immigration status and will not prevent you from being removed from the United Kingdom, unless it is a complaint of a serious assault and involves a police investigation.**

**The submission of a complaint will have no influence as to whether or not you will be transferred to another immigration removal centre.**

**Details of your complaint and what you would like to see done about it:**

(Continue on a separate page if necessary)

**Signature:**

**Date:**

**PLACE THE COMPLETED FORM IN THE YELLOW IMMIGRATION  
ENFORCEMENT COMPLAINTS BOX**