

# **Complaint Form**

For use in making a complaint about Authority Members or Staff

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| **Name:** |  |
| **Address::** |  |
| **Email:** |  |
| **Phone:** |  |
| **Description of Complaint:** |  |
| **What you are hoping to achieve (for example an apology, an explanation etc.)** |  |
| *Note – in describing your complaint, please provide a full description of the nature of your complaint and how you think it might be resolved, please use additional pages as necessary and sign each additional page)* | |

**Signed:**

**Date:**

*Please return your completed form to The Secretary, The Policing Authority, 4th Floor, 90 King Street North, Dublin 7, D07 N7CV or email to* info@policingauthority.ie