



POLICE COMPLAINT FORM

If you have a complaint concerning the Constables of Sark, please complete this form and send it to the Concerns officer by email to concerns@sarkgov.co.uk or by post. Please mark your correspondence CONFIDENTIAL.

**Concerns Officer
Committee Office
La Chasse Marette
Sark
GY10 1SF**

Date of Incident:

DD

MM

YYYY

Time of Incident:

HH

MM

AM/PM

Contact Details:

FORENAME

EMAIL

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

SURNAME

TELEPHONE NO.

POSTCODE

Location of Incident:

Name of Constable:

Names of Witnesses:

P.T.O.

Description of Incident:

Signature:

Date Signed:

DD

MM

YYYY

INTERNAL USE

Date Received:

DD

MM

YYYY

Received by:

Actions:

Date	Action	Date	Action