



IPOA FORM 3

(r. 9(2), 14(1))

COMPLAINT FORM

Complainant Information:

Surname, First name, Other Name

.....

Sex: ID/Passport Number

On Behalf of Phone Number:.....

Alternate Phone:

Complainant Type:.....

Keep Anonymous Yes No

Email Country

Address

P.O. Box:.....
Code:.....
County

Date of Birth Age

Person Lodging Complaint on behalf of victim:.....

.....

Please include:

(a).....How you are connected to this incident.....H

.....

(b).....What your role wasW

.....

A brief description of events

Complaint Lodged by Complainant

Please include:

A brief description of events:

Incident Details:

Date and Time of Incident

.....

Location of Incident.....

.....

County of Incident.....

List any evidence to support your complaint (*Documents, photos, etc.*)

Detention Holding Details (If applicable)

Complainant Held in Custody Yes No

Police office.....
County

Has the victim been tortured? Yes No

Has it resulted into serious Injuries? Yes No

Has it resulted in a death? Yes No

Was the death in custody? Yes No

Medical Details (If applicable)

Where were you medically examined or treated?.....

Attending Medical Officer Details:
.....
Findings of Medical Exam:
.....
.....
.....

Witnesses:

Were there any witnesses? Yes No

Yes No

Surname		
First name.....Other Name.....		
Male <input type="checkbox"/> Female <input type="checkbox"/>		
ID Number <input type="text"/> Phone <input type="text"/>		
Address		
<table border="1"> <tr> <td>P.O. Box:.....</td> </tr> <tr> <td>Code:.....</td> </tr> </table>	P.O. Box:.....	Code:.....
P.O. Box:.....		
Code:.....		

Suspect Officer(s)? Yes No

Surname.....

First name.....

Male Female

Service No. Rank

Colour of Uniform Phone

Description

Is the matter you are complaining about subject to court proceedings?

Yes No

Details:

Have you registered your complaint with any other institution?

Yes No

Details:

Issues and Outcomes:

Please indicate the specific issues you wish the Authority to examine

Details:

What outcome do you expect as a result of registering your complaint with the Authority?

Details:

Please provide the Authority with any other information you believe relevant

Details: