

Complaints against the Jersey Police Complaints Authority

Complaint Number (For JPCA use)

Please tick the appropriate box Mr Mrs Miss MS Other

First Name Surname

Address.....

.....

.....

Postcode

Contact phone number..... Mobile phone number.....

Email address

Please provide full details of your complaint, including the date and time of the incident. If known, please provide the names of the JPCA staff or Member/s you are complaining about. Please continue on a separate sheet if necessary.

Signature Date

Please send this form to: Chair, Jersey Police Complaints Authority, PO Box 707, St Helier, Jersey JE4 0PN or email the completed form to: admin@jpca.je