***Initial Complaint Form***

**All sections marked \* are to be completed prior to lodging form**

***If you wish to have your name as the complainant withheld please indicate by ticking this box***

**SECTION (A) - WHO ARE YOU COMPLAINING ABOUT?**

|  |  |
| --- | --- |
| **\*Name**  |  |
| **\*Address** |  |

**SECTION (B) - DETAILS OF COMPLAINT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of incident(s) (if relevant)** |  | **Time(s)** |  |
| **Location of incident(s)** |  |

**SECTION (C) – WERE THERE WITNESSES? ARE THEY WILLING TO SIGN STATEMENTS OF EVIDENCE TO SUPPORT YOUR COMPLAINT? IF SO, PLEASE SUPPLY THEIR INFORMATION**

|  |
| --- |
| **Name(s):** |
| **Address(es):** |
| **Contact Number(s):** |

**SECTION (D) – WHAT HAPPENED?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**SECTION (E) – WAS THE MATTER REPORTED TO GARDAI? IF SO PLEASE SUPPLY THE FOLLOWING DETAILS**

|  |
| --- |
| **Person who reported incident and what date:** |
| **Garda Station :** |
| **Name of Garda who took Report:** |
| **PULSE Number (if known)** |
| **Did Gardai call to investigate the incident?** |

**SECTION (F) -WHAT IMPACT HAS THIS HAD ON YOU OR YOUR FAMILY MEMBERS? PLEASE GIVE DETAILS BELOW (Continue on a separate sheet if necessary)**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**PLEASE COMPLETE YOUR OWN DETAILS BELOW:**

**\*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I confirm that the information given is true to the best of my knowledge and belief. I give Longford County Council permission to contact An Garda Siochana and any other relevant services on my behalf.***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Please note that anonymous complaints may not be investigated***

All data supplied by you when completing this form (including personal data) will be used for the purposes of carrying out an investigation in relation to the complaint. In carrying out its functions under the Housing Act 1966-2014, Longford County Council may request and obtain information from other organisations. Longford County Council is compliant with Data Protection Legislation including the provisions of the Data Protection Act 2018 and GDPR. To access Longford County Council’s Privacy Statement visit [www.longfordcoco.ie](http://www.longfordcoco.ie)

***CONSENT TO INVESTIGATE A COMPLAINT***

**I/We, as complainants, understand that during the investigation of my/our complaints there may be a possibility that the nature of my/our complaint is likely to disclose my identity/our identity to the persons being complained of. This is notwithstanding the efforts of Longford County Council to withhold my identity/our identities.**

**I/we fully understand the risks associated with this and I am/we are prepared to allow Longford County Council to proceed with the investigation of my/our complaints knowing this fact.**

***DECLARATION***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | ***/*** |  |  |

***have read and understood the above statement and consent to Longford County Council to proceed with my/our complaint reference number***

**(for office use only)**

**PLEASE PRINT AND SIGN NAME(S)**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Addresss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Witnessed by (Council Official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**