



**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*

## 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

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

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\*Office use only

PLEASE PRINT AND SIGN NAME(S)

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

Address \_\_\_\_\_

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

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