



REFERENCE: DCS 1- Complaints Form

ENQ/COM/COMP/ INT: _____

DATE REC:	REFERENCE NO	METHOD OF RECEIPT		
DATE OF INCIDENT:	CAS/MAS NO.	PERSONALLY		TELEPHONE
VICTIM NAME (S)		E-MAIL		WRITTEN CORRESPONDENCE
		FAX		
COMPLAINANT'S DETAILS		PLACE OF INCIDENT:		
_____		POLICE STATION:		
SURNAME		OFFICER(S) INVOLVED:		
_____			
NAME		TELEPHONE NO:		
ID NO.			

POSTAL ADDRESS:		DETAILS OF WITNESS/ES		

Postal code: _____				
RESIDENTIAL ADDRESS:				

Postal Code: _____				
E-mail: _____				
TELEPHONE				
_____ (H)				
_____ (W)				
_____ (C)				

