



Complaint Form

Name of Complainant: _____

Address of Complainant: _____

Description of Complaint:

*(please provide a full description of the nature of your complaint,
please use an additional page if necessary and number and sign each additional page)*

Signed: _____

Date: _____

Please return the completed Form to Corporate Services, Garda Síochána Ombudsman Commission,
150 Upper Abbey Street, Dublin 1.