

COMPLAINT FORM

If you do not receive a response, please telephone the Inspectorate of Services on **3511**.

PERSONAL DETAILS

First Name

Last Name

Telephone Number

Email

Please enter at least one contact

DETAILS OF POLICE OFFICER OR EMPLOYEE (IF KNOWN)

Please fill as much as you can

First Name

Last Name

Rank

Police Number

Plate Number

Police Station

INCIDENT DETAILS

Please tick relevant incident(s)

Rudeness Unlawfull conduct Excessive use of force Poor service delivery

Failure to adequately explain Police procedures Other

Time

Date

Location of The Incident (Town, Center, Village, Sector, District)

If not specifically known approximate.

DETAILS

Describe in your own words and provide as much details as possible

WITNESS DETAILS (IF KNOWN)

First Name

Last Name

Telephone Number

Email

Please enter at least one contact

Making a false statement may be an offence. Do you understand this?

Signature

Date

 / /

SUBMIT FORM

By email

dise@police.gov.rw

In person

At your nearest Police Station