

COMPLAINT FORM

If you do not receive a response within seven (3) days, please telephone the Inspectorate of Services on 3511.

PERSONAL DETAILS

First Name	Last Name
<input type="text"/>	<input type="text"/>
Telephone Number	Email
<input type="text"/>	<input type="text"/>

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		
<input type="text"/>	<input type="text"/>		
Rank	Police Number	Plate Number	Police Station
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/> DD MM YY	<input type="text"/>

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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SUBMIT FORM

By email

inspectorate@police.gov.rw

In person

At your nearest police station

Visit **www.police.gov.rw/station** for details of your nearest station.