



Police Civilian Oversight Authority

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Kingston Gardens
Kingston CSO
Tel: (876) 754-8901/754-7289
Fax: (876) 754-8505
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CITIZENS COMPLAINT FORM

Please complete the information in each section. By sharing your experience with the PCOA, it will help us to serve you better.

Date: ____ / ____ / ____

COMPLAINANT INFORMATION

*Required Information

(PLEASE USE CAPITAL LETTERS)

*First Name: _____

*Last Name: _____

*Email Address: _____

Preferred mode of Contact

*Phone No.: _____

*Phone:

*Email:

*Details of Complaint: (It is important to include as many factual details as possible so that the incident may be carefully reviewed and investigated).

OFFICER INFORMATION

OFFICER 1:

Name: _____

Badge Number: _____

Rank: _____

Vehicle Number: _____

OFFICER 2:

Name: _____

Badge Number: _____

Rank: _____

Vehicle Number: _____

OFFICER 3:

Name: _____

Badge Number: _____

Rank: _____

Vehicle Number: _____

OFFICER 4:

Name: _____

Badge Number: _____

Rank: _____

Vehicle Number: _____

DISCLAIMER

THE INFORMATION PROVIDED IN THIS STATEMENT IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MAYBE CONTACTED BY AN OFFICER OF THE PCOA. INFORMATION INCLUDED IN THIS FORM MAYBE SUBJECTED TO DISCLOSURE FOR PURPOSES OF INVESTIGATION.

I have read and understand the above statement.