



CUSTOMER SERVICE REPORT FORM

For all enquiries and follow up regarding the status of your report please contact:
The Complaints and Discipline Office, Police Headquarters, PO Box 64, Road Town,
Tortola, British Virgin Islands, VG1110
Tel: (284) 368 5421 / Fax: (284) 494 6141
Email completed form to rvipolice@gov.vg

			Date	
PERSONAL INFORMATION				
Title	First Names		Surnames	
Address			Island	
Telephone			Fax	
INCIDENT INFORMATION				
Incident Date	Time of Incident	Incident Location		
Officers Involved			Unit/Station	
Details of Report		Please explain what happened (Continue overleaf if necessary)		
<i>The information stated above is an accurate account of the incident to the best of my knowledge. I understand that this complaint will be treated confidentially. I also understand that it may be necessary for someone to contact me in order to obtain additional information regarding my report and I will assist accordingly.</i>				
Complainant's Signature		Date	Officer Receiving Report	Date
FOR ADMINISTRATIVE USE ONLY				
Report Number		How Submitted (Tick one)		
		In Person	Mail	Telephone Fax Email
Nature of Complaint		If Complaint, state nature of complaint		
Commendation Complaint				
How Matter Disposed			Date	