

You are entitled to remain anonymous; however, you should be aware that the NSW Police Force's ability to respond effectively to your complaint could be hindered if we are unable to seek further detail or clarification.

# **Purpose of Collecting Demographic Information**

The NSWPF is committed to providing an excellent level of service for all members of the NSW public. We are therefore interested in monitoring complaints from diverse communities to ensure we can address concerns or trends that may arise. To help identify these concerns and trends, we are asking a number of demographic questions. You may choose to not answer the questions if you prefer. Any responses you do provide to the demographic questions, will remain confidential and will not be supplied to the person(s) subject of the complaint.

# YOUR DETAILS

First name	Surname	
Residential address		Postcode
Phone	Email	
Date of birth (DD/MM/YYYY)	Preferred method of contact	
		contact me
Do you identify as Aboriginal and/or Torres Strait Islander? (please tick the most relevant field)		
Aboriginal Torres Strait Islander Both Neither		
Are you* (please tick the most relevant field)		
Female Another term (please specify):		
Do you identify as LGBTIQ? (If yes, please tick any relevant fields)		
Lesbian Gay Bisexual Transgender/Gender diverse Intersex Queer Other		
If you are a person with a disability, please tick the fields below that describe the type of disability/disabilities you live with**		
Physical Psychiatric Intellectual Sensory Impairment Other		
If you speak a language other than English at home, please write that language in the field below. If no, please write N/A in the field below.		
(e.g., Japanese)		
If you need an interpreter or translator, please write that language in the field below. If no, please write N/A in the field below.		
What is your religion? (Please write in the field below)		
(e.g., Catholic, no religion, non-practicing, etc.)		
*In accordance with the ABS 2021 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables. **In accordance with s 7(1) of the Disability Inclusion Act 2014 (NSW).		

# YOUR COMPLAINT

Name(s) of police officer(s) involved (if known)

Where officer(s) stationed (if known)



### Name(s) of other people involved

Incident date (if the exact date and/or time is not known, an approximation is sufficient)

(Format: (circa) DD/MM/YYYY HH:MM am/pm e.g., circa 01/07/2023 10:30 am)

## Place of incident

(e.g., Street, suburb, area, locality, etc.)

#### Details of incident(s)

Are you able to identify witnesses or provide other evidence of the matter you are complaining about? If so, please provide details.

Please confirm the details you entered are accurate. Making a false complaint about the conduct of a police officer is an offence. Providing false or misleading information during the course of an investigation into a complaint is also an offence.

Your signature: \_\_\_\_

Date: \_\_\_\_\_