COMPLAINT FORM

Complainant's name:	1						
Address:							
Telephone No./Email	address						
Details of alleged per Alleged perpetrator(s		erson(s) v	who were	involved in alleged anti socia Address	I behaviour		
Description of anti so	cial behav	/iour					
Description Description	Tick	Date	Time	Description	Tick	Date	Time
Physical assault				Litter / dumping/refuse	-		
Drug dealing				Verbal Assault			
Intimidation				Indiscriminate burning			
Harassment				Trespassing			
Coercion				Dog/Horse related nuisance			
Causing Injury				Drinking in Public			
Threatening behaviour				Noise Pollution			
Causing damage				Nuisance / other			
			1				
Location of Incident							
Reported to Gardai				Yes	1 0		
Name of Garda Station							
Time reported at							
Name of Garda							
Name and position of person w	ho recorde	d complaiı	nt				
Nature of Complaint (including	times, da	tes, other	witnesses – as detailed as po	ossible		
l horoby doolors that	the ferees	ing infor	nation I b	ave supplied to Laitrim Count	ty Council is t	ruthful and	accurata
i nereby declare that	ine iorego	mig intoff	nauon i N	ave supplied to Leitrim Count	y Council is t	ruurur and	accurate
Signature of Complaint	nant	timos do	too othor	Date	neeible		

The Council assumes that a complainant requires the complaint to be dealt with in conditions of complete confidentiality unless the complainant specifically states (in writing) otherwise. It should be noted that confidentiality is not a right in law and cannot be exclusively guaranteed in every circumstance of complaint. Complaints must be submitted immediately after the event complained of or at the latest within 2 weeks so as the matter may be investigated.