



Seirbhís Phríosúin
na hÉireann
Irish Prison Service

IRISH PRISON SERVICE COMPLAINT FORM

Complainant Name: _____

PIMS No(if applicable): _____

Q. 1- Have you brought this matter to the attention of a staff member e.g. your Class Officer, A.C.O., Chief Officer or Governor?

Q. 2- What attempts have been made to resolve this issue?

The Irish Prison Service observe strict confidentiality concerning information provided during this Complaints process.

The IPS agrees to comply with the Data Protection Act, 2018 and GDPR with regard to the use of this confidential information.

Complainant Details

Full Name: _____ (Complainant)

- Male
- Female

PIMS No (prisoner): _____

Current location (prisoner): _____

Address: _____

Phone number: _____

Signature:

Date submitted:

Details of incident

Date of incident: _____

Time of incident: _____

Location of incident: _____

Details of your complaint (exactly what happened, please be clear as to why you are making this complaint and/or to whom the complaint is made against):

Where a complainant is a prisoner and is released from custody and fails to engage with the Investigator, after one month the investigation will be closed on the basis that the complainant failed to engage in the process post release.

What led up to the incident

Who/What your complaint refers to

Please list any witnesses to the incident

Please describe any injuries or medical treatment received following the incident

It is important that any complaint is genuine and not vexatious in nature. Such behaviour undermines genuine complaints and may be viewed as a misconduct.