



FORM 3

COMPLAINT REPORTING FORM IN THE FORM OF AN AFFIDAVIT IN TERMS OF SECTION 44(1) Regulation 11 (1)

*NOTE: If additional space is required to provide information, please use a continuation sheet and refer to item number that is supplemented.
Please complete all items as fully as possible to enable the Board to locate persons who could be important to the investigation of this complaint.*

1. Date of complaint:
2. Method of complaint:
 - In person
 - Written
 - Mero Motu

A. COMPLAINANT

3. Full name and surname:
4. Identity number:
5. Address:
.....
.....
6. Telephone number:
7. Fax number:
8. Work address:
.....
.....
9. Work telephone number:

B. SHERIFF

10. Full name and surname:
11. Magisterial District/ Service Area:
12. Parties:
13. Case Number:
14. Address:
.....
.....
15. Telephone number:
16. Work address:
17. Work Telephone number:

C. ALLEGED IMPROPER CONDUCT

- 18. Date of incident:
- 19. Time of incident:
- 20. Location of incident:
- 21. Full details of incident (*use continuation sheet if necessary*):.....
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D. WITNESSES (*use continuation sheet if necessary*)

- 22. Full name and surname:.....
- 23. Identity number:.....
- 24. Address:.....
.....
.....
- 25. Telephone number:
- 26. Work address:
- 27. Work telephone number:

PRELIMINARY COMPLAINT CLASSIFICATION (for office use)	
<input type="checkbox"/> <input type="checkbox"/> CATEGORY I	Signature
<input type="checkbox"/> <input type="checkbox"/> CATEGORY II	Name:
<input type="checkbox"/> <input type="checkbox"/> CATEGORY III	Designation
<input type="checkbox"/> <input type="checkbox"/> CATEGORY IV	Date

COMPLAINT AFFIDAVIT

I have been advised that the filing of a false report may constitute a criminal offence for which I may be prosecuted and convicted, and I hereby affirm that all information contained in this form as well as continuation sheets is true and correct to the best of my knowledge and belief.
Signed at.....on this.....day of.....20.....

.....
SIGNATURE OF COMPLAINANT

**Signed and sworn/affirmed to before me at
on this.....day of 20....., the Deponent having
acknowledged that he/she knows and understands the contents of this ffidavit, which
is deposed to in accordance with the Regulations overning the administration of an
oath as more fully set out in overnment Notice R 1258 of the 21st July 1972 as
amended by Government Notice 1648 dated 19th of August 1977 and Government
Notice 903 dated the 10th July 1998.**

**Please note as per 11 (1) of the Code of Conduct for Sheriffs in respect of Improper
Conduct, any complaint, accusation or allegation against a Sheriff shall be in the form
of a written affidavit, stating the date and time of the incident, the name of the Sheriff
and the names of the eyewitnesses to the incident and shall together with any
corroborative documents be lodged with the Board as soon as may be practical after
the incident.**

.....
COMMISSIONER OF OATHS

FULL NAMES:
STATUS:
STREET ADDRESS:
.....
.....
.....

COMPLAINT AFFIDAVIT

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