|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATA PROTECTION** | | | | | | | | |
| The information that you provided will be held by South Hams District Council and will be used to investigate your complaint. It will be held securely at all times in accordance with current Data Protection legislation. We must protect the public funds that we handle, so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations that handle public funds. Information you provide may also be used to check the accuracy of records held elsewhere in the council. If you wish to see the personal data that the Council holds about you please contact the Data Protection Officer. | | | | | | | | |
|  | | | | | | | | |
| **1. YOUR DETAILS** | | | | | | | | |
| Title | | Mr , Mrs , Miss , Ms , Other  *(please state)* | | | | | | |
| Surname | |  | | | | | | |
| Forenames | |  | | | | | | |
| Address | |  | | | | | | |
| Postcode | | |  | | | |
| Telephone No | |  | Mobile No | |  | | | |
| Email Address | |  | | | | | | |
|  | | | | | | | | |
| **2. DETAILS OF COMPLAINT** | | | | | | | | |
| Do you have a record of the Vehicle Registration Number or Plate Number? *(If yes, please provide details below)* | | | | | | YES | | NO |
|  | | | | | | | | |
| Are you able to provide a description of the vehicle? e.g. colour, make, model *(If yes, please provide details below)* | | | | | | YES | | NO |
|  | | | | | |  | |  |
| Are you able to provide a description of the person driving the vehicle?  *(If yes, please provide details below)* | | | | | | YES | | NO |
|  | | | | | | | | |
| Do you have the exact dates and times of the incident? *(If yes, please provide details below)* | | | | | | YES | | NO |
|  | | | | | | | | |
| Has this incident been reported to the Police? *(If yes, please provide the Crime Reference Number and name of Officer handling the case below)* | | | | | | YES | | NO |
|  | | | | | | | | |
| Are you willing to provide a formal witness statement? | | | | | | YES | | NO |
| Are you willing to attend a Licensing Committee Hearing? | | | | | | YES | | NO |
|  | | | | | | | | |
| **3. DESCRIPTION OF COMPLAINT -** Please provide a detailed description of the incident | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **4. COMPLAINANT DECLARATION** | | | | | | | | |
| I hereby certify that to the best of my knowledge and belief the information I have given is correct and I have given it knowing that I shall be liable to prosecution if I have knowingly or recklessly made a false statement or omitted any material particular and accept that South Hams District Council reserves the  right to clarify any of my answers or require further information in accordance with the provisions of The Town Police Clauses Act 1847, The Local Government Miscellaneous Provisions Act 1976 and any modification or re-enactment thereof. | | | | | | | | |
| Signature |  | | | Dated | | |  | |