Text

Description automatically generated with medium confidence

**Complaint Form – External Complaint**

**CONFIDENTIAL**

Incident Details:

|  |  |
| --- | --- |
| **Type of Incident** |  |
| **Date & Time of Incident** |  |
| **Name of Person(s) involved** |  |
| **Location of incident: (Specify Area & address if possible)** |  |
| **Have the Gardaí been notified?** |  |

Complainant/Victim Details

|  |  |
| --- | --- |
| **Name:** |  |
| **Tel:** |  |
| **Address:** |  |

|  |
| --- |
| **Name of Person submitting complaint (In capitals)**  ***(If different from above)*** |
| **Signature:** |
| **Contact Telephone Number** |
| **Date** |

Particulars of incident:

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Please submit this form as soon as possible to:

Complaints, Discipline & Vetting Unit, Office of the Provost & Deputy President, Main Building, Room A1067, University of Limerick, Limerick V94 T9PX

It is important to submit this form as soon as possible in order to ensure that it can be processed in accordance with University deadlines.