



Complaint Form

Name of Complainant: _____

Address of Complainant: _____

CMS Reference Number: _____

GSOC Staff Member: _____

Details of Complaint: (please provide a full description of the nature of your complaint, please use an additional page if necessary and number and sign each additional page)

Signed:

Date:

<https://www.gardaombudsman.ie/about-gsoc/customer-service/>

Please return the completed Form to: Human.Resources@gsoc.ie or

Corporate Services, Garda Síochána Ombudsman Commission, 150 Upper Abbey Street, Dublin 1 D01 FT73

Signed:

Date: