Personal Data
投訴警務人員表格
Complaint Against Police Form

Your Personal Details 個人資料

☐ 先生 ☐ 太太 ☐ 小姐 ☐ 女士

Full English Name(family Name First) 英文姓名 (請先填寫姓氏)	中文姓名		
HK ID Card No/Passport No	Date of Birth	Day Month Yr	
香港身份証號碼/護照號碼 :	出生日期	日 月 年	
Nationality 國籍:	Occupational 職業:		
Contact Address 聯絡地址:			
Contact Tel No. 聯絡電話:	Email Address: 電郵郵件地址		

Police Officer(s) Details(if known) 被投訴警務人員的資料(如知道的話)

If ther are more than two officers, please give further details on a separate sheet

如超過兩名人員，請在另一頁紙上提供進一步的資料。

Officer one 被投訴人員 (一)	Officer two 被投訴人員(二)
Name 姓名	Name 姓名
☐Male 男性　☐ Uniform 軍裝 ☐ Female 女性　☐ Plainclothes 便裝	☐ Male 男性　☐ Uniform 軍裝 ☐ Female 女性　☐ Plainclothes 便裝
Rank 職級	Rank 職級
Police number 警察編號	Police number 警察編號
Police Unit / District 所屬單位	Police Unit / District 所屬單位

Brief Details of Complaint incident 投訴事件撮要

(please include the data, time and place of the allegation(s), the alleged misconduct of the officer(s) concerned, the identity of any witnesses and their means of contact etc. 請填寫指控事項的發生日期、時間和地點,有關人員被指稱行為不檢的詳情,任何有關證人的身份資料和聯絡他們的方法等。)

If your complaint is a complaint of assault, you should report without delay to any police station to enable early medical examination.

如果你的投訴是有關毆打的話,你應盡快前往任何一間警署舉報,以便及早進行醫學檢驗。

I declare that the above information given by me is to the best of my knowledge and belief, both true and correct.

茲聲明據本人所知所信,以上資料,一概真實無訛。

Signed_____   Date _____

簽 署　　　Complainant　投訴人　　　　　　　　日 期

If you have any query in completing this form or about the complaint against the police handling system, please call our hotline at 28667700.

倘若你對填寫這份表格或投訴警察個案的處理制度有任疑問,請致電本課電話熱線,電話號碼為 28667700.

You may choose to send this form to us by post or by fax at the following:

你可選擇以郵遞或傳真方法把這份表格交回本課下列地址:

Headquarters of the Complaints Against Police Office, 26/F ,Arsenal House, Police Headquarters, No.1 Arsenal Street, Wanchi,　Hong Kong.

香港灣仔軍器廠街一號警察總部警政大樓廿六樓投訴警察課總部

Fax :22004460　　　　　　　　　　　　　傳真號碼: 22004460