



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

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:
