

CONSENT FORM

I give consent to	
PERSON'S NAME IN BLOCK CAPITALS	
to make a complaint to Fiosrú - the Office of the Police Ombudsman behalf.	on my
YOUR NAME IN BLOCK CAPITALS:	
YOUR SIGNATURE:	
DATE:	

150 Upper Abbey Street, Dublin 1, D01 FT73 Phone: (01) 871 6727 Lo-call: 1890 600 800 Fax: (01) 814 7023 Email: info@fiosru.ie