



Detention services

Consent to release personal information

I confirm that I agree to the release of personal information to:

in connection with my complaint reference number: _____

Name:

Date of birth:

Home Office, port or CID ref:

Signature: _____

Investigating officer's name: _____

Investigating officer's signature: _____

Date: _____

cc: Complaints clerk
Detention services complaints team

Detention services – detain, protect, prepare