



Our ref DB/sl/19938171v1

Professional Standards Department  
Guernsey Police Headquarters  
Rue des Frênes  
Hospital Lane  
St Peter Port  
Guernsey  
GY1 2QN

13<sup>th</sup> May 2024

Dear Sirs,

**Assault and Battery, Perverting the Course of Justice, Conduct Complaint**

This complaint sets out details of serious ill-treatment and criminal conduct carried out by Guernsey police officers.

**A. BACKGROUND**

1. On 11 February 2024, the Complainant was arrested on suspicion of assault. Officers had sprayed him in the face with a full can of incapacitant whilst he was being restrained and handcuffed (case number 56 CR 00326 24, occurrence reference OC24\*1129).
2. On arrival at police headquarters the Complainant was removed from a police vehicle and escorted to the custody desk. The Complainant's hands were handcuffed behind his back in normative police fashion. Two officers either side held him tightly under his armpits while a third followed behind. While moving towards the custody desk the third officer without reason or provocation intentionally twisted the handcuffs to cause pain and distress to the Complainant. This caused the Complainant to scream out in pain.
3. Cell CCTV footage (@ 01:26:16) shows the Complainant unsteady on his feet and holding the wall for support. Because of the effects of the incapacitant spray the Complainant was both blind and visibly exhibiting signs of pain and distress. As a result, an officer had to guide his hand to the water basin (01:26:26). The water did not help: CCTV footage shows the Complainant groping the wall. Officers hand the Complainant pieces of toilet paper but this proved ineffectual.
4. At 01:27:29 the Complainant tells officers, *"I can't fucking see, man"*. He repeatedly touches the wall in order to orient himself and again looks as if he will fall. At 01:27:48 he starts having breathing problems and has to sit down on the plinth. Shortly after, two officers move out the cell leaving two officers with the Complainant. Footage shows the Complainant struggling with his breath, looking around, unable to see, and in pain.
5. At 01:28:21 an officer asks the Complainant to remove his shirt, shoes and socks because *"of the PAVA"*. The Complainant initially complies then stops, as it is too painful for him to do. He starts retching and bending over. He tries to take his shirt off once more and stops. The Complainant is offered more toilet

paper but cannot see the officer's hand, so the officer places it on the floor next to him. The Complainant crawls on his knees and braces himself on the wall to get more water.

6. Both officers appear impatient, repeating "let's hurry this up". At 01:31:40 the Complainant stands up to say, "what you going to do?". He puts his arms out, then drops them to his side. He does not move towards officers and does not enter into their protected/personal space. He does not threaten them. There is space between them. Despite this, one officer closes the distance, moving rapidly into the Complainant's personal space with both his hands and elbows up, aiming for the Complainant's face. The officer slams the Complainant against a wall whilst delivering a knee strike to his torso. Three officers are seen running into the cell. In total, five police officers rush the Complainant and drive him forcefully to the ground. In the confusion one officer punches the Complainant in the face whilst attempting to place him in a headlock.
7. The Complainant is pinned to the ground by five male officers. CCTV footage shows one officer pulling his elbow back to strike the Complainant on the left hand side of his body. Another officer pushes his entire weight through his two hands on to the Complainant's head and carotid artery. This caused extreme discomfort. This amount of pressure located in a small area on the neck and head can paralyse or kill.
8. The Complaint is highly distressed and in agony. He breaks down and through his sobs, tries to explain that both his daughters had been raped, and that he and his family were having to go through the ordeal of legal proceedings where the sexual assault is relived in detail. He had also informed officers of the recent death of his father. Officers had ignored him and continued to take off his clothes.
9. Officers cut off the Complainant's shirt whilst he is pinned in a prone position. Despite an officer saying that police needed only his socks, shoes, and shirt, officers strip the Complainant naked, ripping his boxer shorts in the process. He is left in what he describes as a 'nappy', lying in a prone position, where officers leave him for the night. CCTV shows him to be unconsciousness. He does not move. The Complainant admits that he never before felt as degraded, ashamed and humiliated.
10. On no occasion was the Complainant offered medical assistance, despite having been assaulted and suffering symptoms from the incapacitant. The Complainant cannot remember officers checking on him. He was not offered food or water.
11. The Complainant was awoken by a female custody officer hitherto unknown to him. He remained in pain and discomfort and admits that he was not particularly polite. However, he notes that she was kind and considerate. The Complainant requested that the sergeant view the CCTV footage from earlier that morning. Shortly after, the sergeant returned and immediately escorted him to a medical room, where he was told to inform the nurse of his injuries. The Complainant noticed that the sergeant kept glancing at his eyes and the bruising around them. She released him after having been seen by the nurse and started to discuss the submission a police complaint. The Complainant left the police station as soon as practicably possible due to his traumatic experience.
12. The effects of the incapacitant lasted for three days. The bruising and pain from the assaults received in police custody lasted longer. Police treatment has left the Complainant with psychiatric distress which causes trouble sleeping and performing day to day tasks.
13. About two weeks later the Complaint was interviewed. During which, he touched upon his ill-treatment whilst in detention. The female officer responded by blaming the Complainant, claiming that he "threw" toilet paper at officers and was generally aggressive. He denied the former and asked whether the officer had seen the footage of his time in the cell. She confirmed that she had. The Complainant went on to say that if that is the case, the officer would know that her statement was untrue. And, in effect, that she would be aware of him having been assaulted by police officers. The Complainant remembers the officer quickly changing the subject.

## B. USE OF PAVA SPRAY

14. The Guernsey police comply with the College of Policing ('CoP') Authorised Professional Practice ('APP') around Public Order and the use of irritant sprays. Local procedures provide extra information detailing when and how PAVA can be used by authorised officers.
15. The Complainant cannot fully remember the incident; BWC footage will either confirm or repudiate the following allegations. Police officers authorised and trained to use PAVA are responsible for:
  - (a) *"Ensuring where possible and prior to use that a warning is shouted before spraying in short bursts and repeating if necessary, not continually spraying, aiming directly at the individuals face. Officers must remember to not use PAVA at less than one meter to the subject unless the use of force is proportionate and necessary to the circumstances"*. It is unknown whether the Complainant was issued with a warning. On deployment, it was admitted that officers continuously sprayed PAVA into the Complainant's face until the entire can had been emptied. Officers were closer than a meter away and witnesses describe deployment as *"uncontrolled"* and *"aggressive"* and that the officer *"didn't have a clue what he was doing"*. Police sprayed members of the public as well as missing the Complainant's eyes, forcing copious quantities into his mouth (which he swallowed). The Complainant describes the experience like *"drowning"* and says that he *"couldn't breathe"*.
  - (b) *"Ensuring that for an individual who has been sprayed that any restraint methods used and the physical position they are put in, does not adversely affect their breathing. Individuals must not be left or transported in a prone face down position"*. BWC footage will evidence whether the Complainant was dealt with and transported in an appropriate and safe manner. However, custody CCTV footage does show the Complainant retching and having breathing difficulties generally from the effects of PAVA; yet five officers nevertheless drive him to the ground where he is pinned in a prone position, severely hampering his ability to breathe, twice. This would have contributed to the Complainant's later loss of consciousness.
  - (c) *"Informing the control room as soon as practicable that PAVA spray has been used on a detainee, the control room then will make transportation arrangements for the medical examination of that individual who has been sprayed, if necessary"*. It is unknown whether officers undertook the necessary action as described. However, as earlier noted, at no time was the Complainant offered medical assistance.
  - (d) *"Additional medical attention will be provided to the individual if they request it or if symptoms persist after 45 minutes for the effects to wear away. This may mean recalling a medical practitioner or transporting the individual to hospital"*. Officers refused the Complainant medical assistance despite him suffering serious effects for more than an hour.
  - (e) *"Ensuring no individual is left unsupervised until a full recovery has been made from the effects of the PAVA irritant"*. Officers left the Complainant wearing only a 'nappy' in a prone position, unconscious. Where he was left unsupervised.
  - (f) *"Exposing the individual sprayed with PAVA to fresh air to aid their recovery. Contamination is less of an issue with PAVA as it is a liquid based spray. Removal of contaminated clothes should not be necessary"*. Officers forcibly and unnecessarily stripped the Complainant and in the process cut up his shirt with metal scissors. There was no reason whatsoever to forcibly remove the Complainant's trousers as well as his underpants; an officer had already informed the Complainant that all police needed were his socks, shoes and shirt (which he had attempted to take off more than once).

### C. RELEVANT LEGAL PRINCIPLES

16. Code C of the 'Codes of Practice' made under section 73 of the Police Powers and Criminal Evidence (Bailiwick of Guernsey) Law, 2003 (PPACE) applies to people in detention. The following rights (below) afforded to the Complainant under the law were denied by the Guernsey police:

- (a) The right to have someone informed of his arrest.
- (b) The right to consult the Codes of Practice.
- (c) The right to legal advice/consult privately with an Advocate.
- (d) The right to medical attention.
- (e) The right to adequate food and drink.
- (f) The right to a reasonable standard of physical comfort.

17. Despite being assaulted in his cell and detailing this to police, in conjunction with two distinct custody sergeants being cognisant, there is no evidence to suggest that police complied with the **Codes of Practice, 9.1** (below). It is put to police to evidence otherwise:

*"If a complaint is made by, or on behalf of, a detainee about their treatment since their arrest, or it comes to notice that a detainee may have been treated improperly, a report must be made as soon as practicable to an officer of inspector rank or above not connected with the investigation. If the matter concerns a possible assault or the possibility of the unnecessary or unreasonable use of force, a medical adviser must also be called as soon as practicable."*

18. It is unknown whether the **Code of Practice, 9.3** (below) was complied with. After officers left the Complainant unconscious and face down on the cell floor, the footage stops. Police have provided nothing further. However, the Complainant cannot recall being roused even though he had been drinking alcohol; remained suffering from the effects of PAVA (burning sensations, unable to see, breathing difficulties); was highly distressed (the rape of his daughters and the death of his father on his mind); and in pain and discomfort generally and in need of medical attention:

*"Detainees should be visited at least every hour. If no reasonably foreseeable risk has been identified [see paragraphs 3.6 - 3.8], there is no need to wake a sleeping detainee. Those suspected of being intoxicated through drink or drugs or whose level of consciousness causes concern must, subject to any medical directions given by a medical adviser, [see paragraph 9.13]:*

- *be visited and roused at least every half hour;*
- *have their condition assessed as in Annex H;*
- *and medical treatment arranged if appropriate."*

### D. STATE OBLIGATIONS UNDER ARTICLE 3

19. Where an individual raises an "arguable claim" that he has suffered treatment infringing Article 3 at the hands of police officers (in this case), that provision, read in conjunction with the State's general duty under Article 1 of the Convention to "secure to everyone within their jurisdiction the rights and freedoms defined in ... [the] Convention", requires by implication that there should be **an effective official investigation**.

20. It is not necessary for a Complainant (or litigant-to-be) to prove as part of their complaint (claim) under the HRA 1998 that they were in fact subjected to ill-treatment. All that is necessary is that there has been a

credible allegation that they have been at risk of being mistreated in a way that would meet the Article 3 threshold.

21. Linked to the above, the court has underlined that a proper response by the authorities in investigating serious allegations of ill-treatment at the hands of the police in compliance with the Article 3 standards is essential to maintain public confidence in their adherence to the rule of law and in preventing any appearance of collusion or tolerance of unlawful acts (*Lyapin v. Russia*, 2014, § 139).
22. In *Bouyid v Belgium* the court explained that “where an individual is deprived of their liberty or, more generally, is confronted with law-enforcement officers, any recourse to physical force which has not been made strictly necessary by the person’s conduct diminishes human dignity and in principle an infringement of the right set forth in article 3”. The approach in *Bouyid* indicates that any unnecessary physical force on a detained person, no matter how minor, violates Article 3.
23. In reality this means a formal investigation in response to this complaint, rather than a refusal on the basis that under Regulation 7 the conduct complained of would “if proven, **not** amount to gross misconduct or misconduct” (which would, of course, result in a well observed procedural error in this case).

#### **E. ASSOCIATED FINDINGS**

24. In 2010, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (‘CPT’) visited the Guernsey police:

*“... the delegation did receive a few allegations of excessive use of force at the time of arrest... However, no more force than is strictly necessary should be used when effecting an arrest and, once arrested persons have been brought under control, there can never be any justification for striking them. **Police officers should be reminded regularly, and in an appropriate manner, of these basic principles.**”*

25. In relation to Guernsey police complaints received that allege possible ill-treated:

*“For an investigation into possible ill-treatment to be effective, it is essential that the persons responsible for carrying it out are independent from those implicated in the events and ideally they should be completely independent from the agency implicated. However, the current system in Guernsey whereby the PSD is part of the police service arguably does not provide it with sufficient independence and, in the view of the CPT, alternative institutional arrangements should be considered. **The CPT would appreciate the comments of the Guernsey authorities on this matter.**”*

#### **F. GUERNSEY POLICE COMPLAINTS LAW**

26. The Complainant points to the UK National Crime Recording Standards (NCRS), which Guernsey Law Enforcement seek to apply, as the policy basis for this approach. These standards anticipate that criminal allegations may be made against police officers in the course of their duties, often from incidents involving the use of force.
27. NCRS effectively meshes with the investigative framework set out in the Police Complaints (Conduct Proceedings & Investigations) (Guernsey) Regulations 2011. This framework requires an assessment of any complaint be made by the Appropriate Authority (in practice a senior officer in the constabulary) as to whether the complaint might entail disciplinary or criminal liability.
28. This complaint engages both elements.

29. The broad principle in dealing with police complaints is ***that initial assessments should be made on a precautionary basis, taking each allegation at its height***. This process ensures that any officer subject to serious allegations receives legal notice of his position, and appropriate advice during the investigative process. Another effect of the “*precautionary*” approach is to require the formal service of disciplinary papers to many officers involved in complaints.
30. Evidence suggests that Guernsey Law Enforcement has adopted the approach of conducting initial enquiries (scoping) in advance of the Regulation 7 assessment. Thus, Regulation 7 assessments effectively evaluate how serious the matter complained of might be if proved, rather than an evaluation of any evidence.
31. Evidence also suggests that the Guernsey police continue to make procedural errors which effectively curtail the formal investigative elements of a police complaint. This was discovered after the Police Complaints Commission took formal legal advice. However, these mistakes keep being repeated by both Deputy Chief Officers Ian Scholes and Philip Breban when acting as the ‘appropriate authority’ in respect of local police complaints; to such a degree that the data shows a clear pattern - the ‘error’ mostly (if not always) appears when officers face criminal allegations.
32. On this basis it has been suggested that the appropriate authority has been using this ‘error’ to ensure that the core elements which one would expect of a formal misconduct investigation are avoided. For example, Regulation 12 notices, officer ten-day response, or subject officer interview. The recently reported on Guernsey police statement which suggests that police are withholding evidence of a criminal assault in order to protect a police officer supports this view. A refusal to thoroughly investigate this complaint would serve to fuel this perspective.

#### **G. USE OF FORCE LEGAL PRINCIPLES**

33. In any analysis of a police complaint which involves the use of force there are some fundamental points which must be considered (albeit the following is not meant as an exhaustive list). For example, paragraph 3 of the CoP ‘Ten Key Principles Governing the Use of Force by the Police Service’ states:

*“Police officers shall, as far as possible, apply non-violent methods before resorting to any use of force. They should use force only when other methods have proved ineffective, or when it is honestly and reasonably judged that there is no realistic prospect of achieving the lawful objective identified without force.”*

34. The CoP provides further detailed guidance (see ‘Conflict management using de-escalation, communication and negotiation’). Considerations should be given to “*help create opportunities for the subject and officers to have more time and space to de-escalate the situation*” and officers should consider “*backing off*” and “*giving time and space*”. Likewise, the European Convention on Human Rights Article 2, Article 3 and Article 8 (and domestic law) impose that, if possible, non-violent means should be used to resolve an incident before force is used.

35. CoP “*Principles of using force in custody*” states:

*“All police officers and custody staff should be aware of the dangers of positional asphyxia and restraining people experiencing acute behavioural disturbance (ABD), which is a medical emergency.*

*A custody office is a controlled environment and the overriding objectives should be to avoid using force in custody.*

*Staff should treat detainees with dignity and respect and aim to de-escalate any situations that may lead to force having to be used. Custody officers should manage their environment so that situations where the use of force may be necessary are de-escalated.*

*All uses of force must be proportionate, lawful and necessary in the circumstances. Officers will be accountable for all instances where force is used."*

36. The Complainant does not deny being rude to police officers or at times acting in a somewhat aggressive manner. However, (@ 01:31:40) CCTV cell footage clearly shows an officer raising his hands and moving rapidly into the Complainant's protected area/personal space to push him forcefully against the wall whilst delivering a knee strike to his torso. There was no necessity to be the aggressor, to attack the Complainant and to force a physical confrontation. The officer gave no thought to "backing off" or "giving time and space" or to other areas of his training, or that the "overriding objectives should be to avoid using force in custody".
37. Conversely, the Complainant did not move towards either officer and had firstly both his hands out at his side (a vulnerable position in and of itself) and then down by his side. Footage shows that the officer suddenly lost his temper with the Complainant and moved forward to attack him. There were two police officers in the cell and a further three outside; the officer could not claim that he was placed in "imminent danger" by the Complainant. Rather, it was the officer who placed the Complainant in imminent danger, yet notably the Complainant offered no resistance and sought not to defend himself.
38. There was no necessity to hurry the Complainant into taking off his clothes, particularly given his obvious pain and both physical and emotional distress. Had officers given any thought their training they could have stepped out the cell in order to de-escalate the situation. Instead, officers acted impatiently and aggressively escalated matters into an unnecessary violent confrontation. The Complainant's wellbeing and life were placed in danger. Nonetheless, officers showed little to no concern for what they were forcing the Complainant to undergo as well as the associated issues.
39. Further, "reasonableness" of force used is fact sensitive. Generally, the question of reasonableness of the force used will generally turn on "whether it was the minimum required in all the circumstances or whether a lesser alternative was available". This could have been as simple as walking out of the cell. However, both officers are seen to move forward towards the Complainant, showing that they are the aggressors.
40. In the same vein, CCTV footage shows the use of force to slam and then pin the Complainant to the ground was hasty, ill-thought-out, and overly aggressive. The Complainant received strikes to his head and body as a result.
41. The CoP 'Principles of using force in custody' states:

***"The prone position and positional asphyxia***

*There is an increased risk of causing positional asphyxia when restraining those of particularly small or large build or those who have taken drugs, medications (anti-psychotics) or alcohol. People restrained in the prone position should be placed on their side or in a sitting, kneeling or standing position as soon as practicable. The Independent Advisory Panel (IAP) has issued advice on restraint and the use of force(opens an external website in the same tab).*

*Staff working in a custody environment must be trained in managing violence. Training should include tactical communication skills as well as recognising and managing positional asphyxia and ABD. Staff should also be trained in techniques for moving detainees and repositioning them from*

*the prone position in accordance with the Personal Safety Manual of Guidance (opens an external website in the same tab).*

*Officers and staff should avoid using the prone restraint position unless it is proportionate to the threat and necessary in the circumstances. Officers should keep the period for which it is used to a minimum.*

*When a detainee is restrained in a prone position, a safety officer should be responsible for monitoring the detainee's conditions, particularly the airway and response, protecting and supporting the head and neck. That person should lead the team through the physical intervention process and monitor the detainee's airway and breathing continuously. Care should also be taken not to place pressure on a detainee's chest or obstruct the airways.*

*Prolonged restraint and struggling can result in exhaustion, reduced breathing leading to a build-up of toxic metabolites. This, with underlying medical conditions such as cardiac conditions, drug use or use of certain antipsychotics, can result in sudden death with little warning. The best management is de-escalation, avoiding prone restraint, restraining for the minimum amount of time, lying the detainee on their side and constant monitoring of vital signs.*

*Usually there are no outward signs or symptoms of positional asphyxia. An individual may be overtaken so quickly and completely that there are no indications of distress or time to communicate a need for help."*

42. The Complainant (i) had drunk alcohol and (ii) was suffering breathing difficulties, and although tall (iii) is of slight build (70 kilos). He was (iv) in a "heightened level of stress". Notwithstanding, officers twice pinned him in a prone position. CCTV footage shows that:
- (a) Police failed to provide a proper safety officer.
  - (b) Police did not protect and support the Complainant's head and neck; instead, the Complainant was subject to a dangerous and unnecessary amount of force on his neck, carotid artery, temple, and skull.
  - (c) Police failed to monitor the Complainant's conditions, particularly his airway and response.
  - (d) The Complainant was subject to prolonged restraint which led to exhaustion and reduced breathing leading which resulted in a loss of consciousness, disorientation and associated symptoms.
  - (e) Officers applied pressure to the Complainant's torso as well as neck and head. This restricted his shoulder girdle or accessory muscles of respiration.

43. CoP 'Principles of using force in custody' goes on to say:

***"Principal risk factors that can contribute to death during restraint***

*This includes situations where:*

- *the body position of a person results in a partial or complete obstruction of the airway and the subject is unable to escape from that position*
- *pressure is applied to the back of the neck, torso or abdomen of a person held in the prone position*

- *pressure is applied, which restricts the shoulder girdle or accessory muscles of respiration while the person is lying down in any position*
- *the person is obese (particularly those with large stomachs and abdomens)*
- *the person is of small or light build*
- *alcohol or drug intoxication (especially stimulants, for example cocaine, being on antipsychotic medication – some medications under certain conditions can cause abnormal heart rhythms)*
- *the person has a heightened level of stress*

*Officers should note that the effects of a violent struggle or restraint and build-up of lactic acid can exacerbate the effects of drugs, alcohol or medication.”*

44. CCTV footage shows officers ignoring all the above. Under the circumstances, this put the Complainant in danger of injury or death. Once officers had stepped away from the Complainant, he does not move. For CCTV viewers, he appears to be dead.
45. Notwithstanding any other facet of this complaint, the decision to leave the Complainant unattended on the floor of a cell, in the prone position, in only a ‘nappy’, unconscious and suffering breathing issues as well as the further issues detailed earlier, is inexcusable. The Complainant should have been moved into the recovery position, monitored regularly and provided with medical assistance. He should have been provided with adequate comfort and warmth.
46. Last, it was wholly unnecessary and certainly unreasonable to strip the Complainant naked whilst pinning him down. This is not an argument centred around whether his shirt should have been removed, but rather one for the need to remove his underpants and trousers (refer to paragraph 15 (f) for further details). As a result of this and that which is detailed above, the Complainant suffered pain and humiliation beyond the inevitable element of suffering or humiliation connected with the deprivation of liberty.

## **H. SUMMARY**

47. CCTV footage evidences prima facie battery on the Complainant’s person, thus the burden shifts to the police to establish a defence.
48. The Complainant submits that officers were not in exercise of a lawful power, but even if they were, the use of force was disproportionate and/or excessive considering all of the circumstances. The officer (in the cell) was not engaged in protecting himself or others and not did act in keeping with his training. The officer’s state of mind and intention was to hurt the Complainant. Of course, any proper investigation flowing from this complaint will naturally involve seeking out the officer and officers to determine their respective states of mind.
49. It should be noted that police recently excused the uncontrolled and violent act of a male officer on the basis that he “*did not mean to cause harm*”. But, as agents of law enforcement, officers know this is not a valid reason in which to evade criminal investigative works or charges. For if it were, the recent conviction of assault where a police officer claimed to be the victim of a woman who certainly did not mean to cause any harm – she effectively brushed past an officer whilst moving – would be overturned.

50. Taking into consideration the golden rule as a simplified principle of human rights, it becomes noticeably clear that the conduct of officers was never in accordance with human rights standards.
51. A number of officers remain cognisant that serious-ill treatment occurred whilst a person was under police care. They have, however chosen to turn a blind eye and failed to act in line with PPACE (see paragraphs 17; 19-21). This is a gross abuse of power and trust, which Complainant submits meets the threshold for criminal conduct (perverting the course of justice).

## I. CONCLUSION

52. This complaint triggers the investigative obligation as defined under Article 3 in order that no further violations of the Complainant's rights occur. He politely requests that the officers subject to this complaint are investigated by way of a formal investigation under Regulation 12. This would include addressing the relevant legislation, internal Guernsey police policies, CoP APPs, etc., as laid out above, as well as conforming with the duties defined under Article 3.
53. The Complainant refers to *R v the Chief Constable of Thames Valley Police ex-parte PCA*, sub nom *R v Metropolitan Police Disciplinary Board ex-parte Director of Metropolitan Police Complaints Bureau* [1996] where the Court decided that a Crown Prosecutor's decision not to prefer a criminal charge did not automatically mean that an officer is excluded from disciplinary proceedings based on the same facts. In the highly likely event that officers' conduct is adjudged to be lawful by the police, the Complainant submits that the conduct complained of breaches the applicable 13 Standards of Professional Behaviour.
54. The Complainant has been advised to take legal action against the Guernsey police and/or release the footage to the media, but will hold off pending the outcome of an investigation. The one caveat being the length of time taken for an investigation to finish. Moreover, it may be that conduct of the appropriate authority triggers claims to be brought against him individually and/or further BWC footage results in more claims being brought against officers individually.
55. Please confirm receipt of this letter no later than 15 May 2024.

Yours faithfully,

