Complaint Form

***This department adheres to the policy of investigating all allegations of misconduct or complaints regarding the*** *policies or procedures of the department. The goal of the department is to ensure that objectivity, fairness and justice is assured by intensive impartial investigation and review.*

*During an investigation, the* **Chief of Police** *or a designee will notify you concerning the status of the complaint. The* **Chief of Police** *will notify you of the findings of the investigation conducted by the department.*

Name:

Address:

E-Mail Address:

Daytime Phone: ( )

Date of Incident:

Evening Phone: ( )

Time of Incident: AM or PM ?

Location of Incident:

Reason for the Complaint:

It is unlawful for any person to report, or cause to be reported, to any police agency any information concerning the commission of an offense or other incident that would require police action when the person knows that no offense occurred, or the person knows the information provided is false.

Your Signature:

Today’s Date: Time Now: AM or PM ?

 ***For Internal Use Only:*** *To be completed by the Supervisor or Officer receiving the complaint.*

*Name: Rank: I.D.#:*

*Date Report Received: Time Report Received: AM or PM ?*

*Related Incident Report Number: Routed to:*

*Investigation Control #: Assigned to:*