



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: (____) _____ Evening Phone: (____) _____

Date of Incident: _____ 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: _____