

POLICE COMPLAINT FORM

INSTRUCTIONS

The following form must be filled in completely before any action will be taken on your complaint. All properly filed complaints will be answered. Please allow 15 days to receive an answer to your complaint. You must be specific as to the nature of your complaint. If you are complaining about an incident that is under investigation or is pending hearing or Trial in any court, you will only receive a notice stating "Under Investigation". You may not use one form to complain about multiple incidents. You must fill out a separate form for each incident in question. Please be advised, if this complaint is used to affect the employment of an officer or employee of the city, the officer or employee must be provided with a copy of this complaint and the written answer.

PERSON MAKING COMPLAINT

Last Name First Name M.I. Sex Race D.O.B. D.L. # St. of D.L.

Address City State ZIP Code () Area Code and Phone #

INCIDENT IN QUESTION

Date of Incident Time of Incident Name of Officer Involved Officer's Employer

Name of Person directly affected by this Incident Sex Race D.O.B. D.L. # St. of D.L.

How was this person affected? (Arrested, Citation, Jailed, Injured, Questioned and Released)
Other _____

What is your standing to make this complaint-Please circle one Choice (Person affected, Concerned Citizen, Parent) Other _____

What did the Officer do that prompted you to make this complaint; (Violated a Law-Be Specific, Made Illegal Stop, Conducted Illegal Search, Used Profanity, Used Unnecessary Force, Was Rude in dealing with the Public) (Circle One Response)

WITNESSES THAT HAVE DIRECT KNOWLEDGE OF THIS INCIDENT (IF NONE SO STATE)

Last Name First Name M.I. Sex Race D.O.B. D.L. # St. of D.L.

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