

Report of Complaint Against Police Personnel
CONFIDENTIAL

Name of Complainant: _____

At what address can you be contacted? _____

What phone number? (Home) _____ (Work) _____

Date and time of incident? _____

Location of incident? _____

Name of officer(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.....) ? _____

Rank: _____ Name _____

I.D. # _____ Badge _____

Vehicle _____

Name(s)/ addresses / phone number or other identifying information concerning witness: _____

Statement of allegation _____

(If further space is needed please use reverse side of this form)

I understand that this statement of complaint will be submitted to the Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the police department the officer against whom this complaint is filed may be entitled to request a hearing before the appointing authority. By signing and filing this complaint, I hereby agree to appear before the appointing authority, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date & Time Received

_____ Check if complainant refused to sign.

_____ Signature not requested