

CITIZEN COMPLAINT INFORMATION FORM

COMPLAINT NUMBER: _____

DATE/TIME COMPLAINT FILED: _____

DATE/TIME OCCURRED: _____

LOCATION OF COMPLAINT: _____

COMPLAINANT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

WITNESSES INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMPLOYEE(S) COMPLAINT BEING FILED AGAINST: _____

BADGE NUMBER (IF KNOWN): _____

SUPERVISOR/OFFICER RECEIVING COMPLAINT: _____

BRIEF DESCRIPTION/NATURE OF COMPLAINT: _____

INVESTIGATION:

INVESTIGATING OFFICER: _____

DATE ASSIGNED: _____

DATE COMPLETED: _____

DISPOSITION:

NO FURTHER INVESTIGATION REQUIRED:

Explanation: _____

RESOLVED:

Explanation: _____

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FURTHER INVESTIGATION REQUIRED

Explanation: _____

FORWARDED TO: _____ DATE: _____

FINAL DISPOSITION OF COMPLAINT:

Please get a Citizen Complaint Number from the Administrative Secretary and return all forms and information to her when completed.