

APPENDIX TO COMPLAINTS AGAINST POLICE PERSONNEL

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

C O N F I D E N T I A L

Name of Complainant: \_\_\_\_\_

At what address can you be contacted? \_\_\_\_\_

What phone number? Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

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)/address/phone number, or other identifying information concerning witness: \_\_\_\_\_

\_\_\_\_\_

Statement of allegation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(if further space is needed use reverse side of sheet)

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date and Time Received

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_ Check if complainant refused to sign.

\_\_\_ Signature not requested.