

**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:**

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