



**POLICE DEPARTMENT**

**FORMAL PERSONNEL COMPLAINT FORM**

DATE: \_\_\_\_\_

I.A. # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WK # \_\_\_\_\_

SUBJECT OF COMPLAINT: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

DATE OF ALLEGED INCIDENT: \_\_\_\_\_

TIME OF ALLEGED INCIDENT: \_\_\_\_\_

**WITNESSES:**

(Please provide name, addresses and all known phone numbers for witnesses)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

6.) \_\_\_\_\_

## FACTS OF COMPLAINT:

## FACTS OF COMPLAINT (CONTINUED)

**Printed Name of Complaining Party**

**Signature of Complaining Party**

Additional pages of complaint attached for a total of \_\_\_\_\_ Pages.

Subscribed and sworn to me this Day of

Signature of Notary: