

Personnel Complaint Statement



Today's Date/Time: _____/_____/_____ Case Number (If known): _____

Incident Date/Time: _____/_____/_____ Location of incident: _____

Your name: _____ Your telephone number: _____
(Please Print)

Your address: _____ Your email: _____

Employee's name or other identifying information:

Details of incident or complaint:

(List any witnesses and additional pages to fully explain your comment, complaint, or concern)

Notice: This form will be forwarded to the Chief of Police for review. The Chief will determine further inquiry or investigation. If this is a complain regarding a member, it is an administrative personnel matter, and the complete details of the investigation may not be subject to public disclosure. However, you will be notified as to the final disposition of your complaint. **(Revised 02/2023)**