

CITIZEN/INTERNAL COMPLAINT AND INQUIRY FORM

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Night/Evening Telephone: \_\_\_\_\_

Briefly state what occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think the officer/employee did wrong:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think should happen to the officer/employee:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

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For Departmental Use Only

Complaint # \_\_\_\_\_ Disposition \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_