PERSONNEL COMPLAINT FORM

Complaint Received (date) _____ (time) _____

Complaintant Name _____ Date of Birth _____

Complaintant Sex _____ Race _____ Phone _____

Complaintant Address _____

Work Phone _____ Cellular Phone/Pager _____

Incident Date/Time _____ Location _____

Was Someone Arrested? Yes [ ] No [ ]

Name of Person Arrested _____

Witness Name _____

Witness Name _____

Briefly Describe the Incident. Attach Additional Sheets if Needed

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I certify and affirm by my signature that the information provided by me for the purpose of making a personnel complaint is true and accurate. I acknowledge that by providing false or fictitious information, I may be subject to criminal persecution or civil action.

Complaintant's Signature _____ Date _____

Supervisor Taking Report _____ Date _____ Time _____