

**Police Employee Complaint Form**

Complainant's name: \_\_\_\_\_

Complainant's address: \_\_\_\_\_  
\_\_\_\_\_

Complainant's phone number: \_\_\_\_\_

Date and time of alleged incident: \_\_\_\_\_

Name, if known, of Employee the complaint is being filed against, or other identifying information:

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

Witness information (name, address, phone number): \_\_\_\_\_

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

Statement of allegation:

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**YOU WILL BE REQUESTED TO SIGN A FORMAL STATEMENT UNDER PENALTY OF PERJURY.**