

PERSONNEL COMPLAINT FORM

IA # _____

1. PERSONNEL INVOLVED: _____
(Name) (Badge #) (Assignment)

2. PERSON FILING: Name _____ Sex _____ Age _____
Address _____ Phone _____

3. PLACE OF OCCURRENCE: _____
Type of Premise _____ District _____

4. DATE OF OCCURRENCE: _____ 5. TIME OF OCCURRENCE: _____

6. DETAIL NUMBER (If applicable): _____

7. DESCRIPTION OF INCIDENT (Include specific allegations):

(Use Addendum Form II-06 if additional space required)

8. RECEIVED BY: _____ / _____ / _____
(Supervisor) (Date) (Time)
How Received: _____

9. SUPERVISORY ACTION:
 Complaint resolved on initial contact – (See Form II-09 attached)
 Complaint [retained by] _____ / _____
[referred to] (Date)

for investigation as provided for in General Order #214.
(NOTE: Requires copy of this form and Official Complaint Statement Form (II-02) to be immediately submitted to Division or work unit Commander for information and forwarding of copies to Professional Standards Division for logging and number.)

Complaint forwarded to Division Commander for Evaluation as to determination of investigation responsibility and assignment.

10. DIVISION COMMANDER'S REVIEW / EVALUATION / COMMENTS:

_____/_____
(Division Commander Signature) (Date)

11. IAU RECEIPT:

Received by: _____/_____
(PSD Personnel Signature) (Date)

Accompanied by: Form II-02 Other Forms:
 Form II-09

OFFICIAL COMPLAINT STATEMENT

IA #

I / We, _____ of
[Name (s)]

[Street Address] / [City] / [State] / [Zip]

D.O.B. _____ PHONE _____ SS# _____

do hereby file and Official Complaint against _____

[Officers Name(s)]

who I / we feel did conduct himself / herself in a manner that was improper on _____ at
[Date]

_____, at _____,
[Time] [Location]

as per the following statement of facts regarding the basis for the complaint:

STATEMENT: _____

I / We, hereby certify that the statement included within this page or these _____ pages, is the truth to the best of my / our recollection.

SIGN: _____

WITNESS _____

SIGN: _____

DATE: _____

Page _____ of _____ Pages

