

Personnel Complaint Report

Citation Number	Police Report Number	Incident Number	Date/Time Report Filed
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REPORTING PERSON

Name (Last, First, Middle)	Telephone	DOB	Race	Business Phone
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Address (City, State, Zip)

SUBJECT OF ALLEGED MISCONDUCT (IF OTHER THAN ABOVE) May the Police interview the complainant at place of employment? Yes No

Name (Last, First, Middle)	Telephone	DOB	Race	Business Phone
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Address (City, State, Zip)

Day/Date of Incident	Time	Location
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WITNESSES (If witnesses are not known, provide descriptions/car licenses/badge numbers, etc.)

Name	Address	Telephone

WAS ANY PARTY TO THE COMPLAINT OR ANY WITNESS DETAINED OR INTERVIEWED BY POLICE? WHOM?

Name of Employee Complained of	Car No.	Badge No.	Description

GIVE A NARRATIVE DESCRIPTION OF THE EVENTS GIVING RISE TO THE COMPLAINT:
