

<b>COMPLAINT</b>				ICR #:
COMPLAINANT:			HOW REPORTED: <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Other (Specify) _____	
Name:				
Address: (Street)				
(City)	(State)	(Zip)		
Phone Number: (    )				
<b>Description of Complaint:</b>				
Complainant's Signature:		Date:	<b>ALLEGED MISCONDUCT:</b>	
Recording Officer:			Officer's Name:	
Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date:	Time:
			Place Committed:	
<b>ADMINISTRATIVE - IMMEDIATE REVIEW</b>				
<input type="checkbox"/> Notify Complainant (Brief description of investigative / appeal procedure) <input type="checkbox"/> Notify accused officer (Complaint information and alleged misconduct)				
Remarks:				
Official:		Title: Chief of Police		Date:
<b>DISPOSITION</b>				
<input type="checkbox"/> Exonerated <input type="checkbox"/> Not Sustained <input type="checkbox"/> Sustained <input type="checkbox"/> Finding of Fact Issued <input type="checkbox"/> Disciplinary Action Taken			Additional Information:	
Official:		Title:		Date: