CITIZEN/INTERNAL COMPLAINT AND INQUIRY FORM

Date of Occurrence: _____Time of Occurrence: _____

Name: _____

Address: _____

Daytime Telephone: _____ Night/Evening Telephone: _____

Briefly state what occurred:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What do you think the officer/employee did wrong:

_____

_____

_____

What do you think should happen to the officer/employee:

_____

_____

_____ _____

Signature Date

For Departmental Use Only

Complaint # _____ Disposition _____

Received By _____ Date _____

ADM CCI 940945 R0108