



INTERNAL COMPLAINT FORM

My name is _____

I live at _____

My home phone is _____ or my work phone is _____

where I can be reached from _____ (CIRCLE ONE) A.M./P.M. to _____ (CIRCLE ONE) A.M./P.M. Ext. # _____

My age is _____ years.

I want to complain about (car number) _____

(badge #) _____

(Officer) _____

I want to complain because on (date) _____ At (time) _____ (CIRCLE ONE) A.M./P.M.

At (location) _____

They / he / she _____

(Attach as many additional sheets as necessary)

I understand, and it is my desire, that this complaint will be investigated diligently. I further understand that if the investigation proves these allegations to be false, I may be liable to both criminal and civil prosecution. I also understand that in some cases, I may be asked to submit to a polygraph examination as a part of this investigation.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN
(IF YOUR ARE UNDER 18 YEARS OF AGE)

