

Arkansas City Police Department

COMPLAINT AGAINST POLICE PERSONNEL *CONFIDENTIAL*

Complainant name: _____

Complainant address: _____

Phone number:

Residence: _____ Work: _____ Cell: _____

Date and time of incident: _____

Location of incident: _____

Name of officer(s) or employee(s) against whom complaint is being filed, or other identifying information (car number, badge number, etc.)

Name: _____ Rank: _____

I.D./Radio/Badge #: _____ Case #: _____

Vehicle: _____

Physical description: _____

Witness(es) Name, address, phone number:

Statement of allegation:

(If further space is needed use reverse side of sheet)

I understand that this statement of complaint will be submitted to the Arkansas City Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date and Time Received

