



Reserved for Police Chief:
Date Submitted: _____
Time Submitted: _____
Manner Submitted: _____

CONFIDENTIAL
Report of Complaint Against Police Personnel

Name of Complainant: _____

Address: _____

Phone (Day): _____ Phone (Night): _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Name of Officer Against Whom this Complaint is Directed: _____

Badge/DSN: _____ Rank: _____

Vehicle: _____

Witnesses:

Name	Address	Phone
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I understand that I may not file a complaint on behalf of another person and I am making this complaint on my own behalf regarding an incident in which I was directly involved.

I sincerely and truly declare and affirm that the content contained herein is complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statements have been made by me voluntarily without persuasion, coercion or promises of any kind.

I understand that this statement of complaint that I am about to make will be submitted to the New Melle Police Department and may be the basis for an investigation including a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to participate in the investigation and appear before a board of inquiry, if one is requested by the officer and/or his attorney, and to testify under oath concerning all matters relevant to this complaint.

I understand that this complaint will be viewed as an Official Police Report by the New Melle Police Department and the Prosecuting Attorney for the City of New Melle. I further understand that I can be prosecuted in the event that false or misleading information is found within this complaint. In addition, I understand that the accused officer has the right to seek civil damages against any complaint falsely or frivolously accusing said officer.

Signature of Complainant: _____

Date: _____

Subscribed and sworn to before me on this _____ day of _____, 20____.	

Notary Public	
My commission expires: _____	Affix Seal Here

