



REPORT OF COMPLAINT AGAINST DEPARTMENT PERSONNEL

CONFIDENTIAL

Name of Complainant: _____

At what address can you be contacted: _____

At what phone number can you be contacted: Residence _____ Work: _____

Date and time of incident: _____ Location of incident: _____

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

Name: _____ Badge: _____

I.D. # _____ Vehicle: _____

Name(s)/address/phone number or other identifying information concerning witness:

Statement of allegation: _____

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

I understand this statement of complaint will be submitted to the Upper Sioux Community, Upper Sioux Community Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm my statement has been made voluntarily and is not the result of persuasion, coercion, or promise of any kind.

I understand, under the regulations of the Upper Sioux Community Police Department, the officer against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

I have been advised that false reporting a crime is illegal. I understand that I may be subject to criminal charges and/or civil action if it is found that this complaint is fabricated or deceptive.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date and Time Received