

City of St. Joseph Department of Public Safety



C.C.#

CITIZEN COMPLAINT FORM

This form should be used to register a complaint against any employee of the St. Joseph Department of Public Safety whose conduct, behavior, or actions is considered improper, unnecessary or inappropriate.

Please **print** all information clearly and legibly on the spaces provided so the department's investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Officer-in-Charge. You will be contacted at a later time with regard to your complaint and the status of the investigation.

COMPLAINT INFORMATION

Your Name Today's Date

Your Address Date/Time of Incident

Telephone (Work - Home) Location of Incident

Driver's License # or ID Card

Employee(s) involved: _____
(if known) Name Location Phone

Witnesses to Incident: _____
(if any) Name Address Phone

Name Address Phone

COMPLAINT SUMMARY

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Be detailed and use additional paper if needed.

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COMPLAINT SUMMARY (continued)

Signature of person filing this form

Date

Signature of employee to whom this form was given

Date