



ATKINSON POLICE DEPARTMENT CITIZEN COMPLAINT FORM

INCIDENT #: _____

DATE: _____ TIME: _____

RECEIVED VIA: _____

(Telephone, Letter, Person, etc.)

COMPLAINANT: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

BUS ADDRESS: _____ TELEPHONE: _____

WITNESS: _____
(Name, Address, Phone, and DOB)

DATE AND TIME OF INCIDENT: _____

EMPLOYEE (IF KNOWN): _____

ACTION REQUESTED BY COMPLAINANT: _____

OFFICER RECEIVING COMPLAINT: _____

INVESTIGATION

COMPLAINT INVESTIGATED BY: _____

RESULTS OF INVESTIGATION: (CHECK ONE)

UNFOUNDED EXONERATED NOT SUSTAINED SUSTAINED POLICY FAILURE

RECOMMENDATIONS: _____

NOTIFICATION AND FOLLOW UP

EMPLOYEE ADVISED OF FINDINGS: YES NO BY/DATE: _____

COMPLAINANT ADVISED OF FINDINGS: YES NO DATE: _____

METHOD: _____ BY: _____

NOTE: ATTACH ALL INVESTIGATIVE DOCUMENTATION TO COMPLETED REPORT.

