



ROSEBUD POLICE DEPARTMENT

COMPLAINT ACCEPTANCE REPORT



INTERNAL EXTERNAL

EMPLOYEE NAME:	LAST:	FIRST:	M.I.	Badge#	Unknown <input type="checkbox"/>
COMPLAINANT NAME:	LAST:	FIRST:	M.I.	Date of Birth:	Unknown <input type="checkbox"/>
ADDRESS:			CITY:	STATE:	ZIP CODE:
Home Phone #:			Alternate Contact:	Other:	
OPTIONAL INFORMATION					
ETHNICITY OR NATIONAL ORIGIN		GENDER Male _____ Female _____		Date of Birth:	
Complaint Employer:		Business Address:		Phone#:	
Witness Name:		Home Address:		Phone Number#	
Witness Name:		Home Address:		Phone Number:	
Witness Name:		Home Address:		Phone Number:	
Date of Incident:	Time of Incident:	Incident Location:			
Date Reported:	Time Reported:	Method Complaint Filed: Phone _____ Mail _____ In-Person _____ Other _____			
Report Taken By:	Badge#:	Classification	Phone #	Other:	
Brief Summary of What Happened:					
COMPLAINANT'S SIGNATURE					
<p>The Department views all citizen complaints against its employees very seriously and actively pursues investigations into allegations of misconduct. You must ensure your complaint is based on true and factual information. False reporting in an attempt to unjustly subject a Department employee to underserved discipline, slander, or to place his/her employment in jeopardy can result in criminal charges and/or a civil suit being filed by the involved employee.</p> <p><i>I affirm that all of the information I have provided on this form and in any accompanying documents or date, is true, complete and correct.</i></p>					
COMPLAINANT SIGNATURE:					DATE:

CONFIDENTIAL INFORMATION-DO NOT REPRODUCE ANY PORTION OF THIS REPORT