

BASEHOR POLICE DEPARTMENT
Report of Complaint Against Police Personnel

Complaint # _____
(To be filled out by Police Personnel)

CONFIDENTIAL

COMPLAINANT INFORMATION:

Name of Complainant: _____ Date of Birth: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

INCIDENT INFORMATION:

Date: _____ Time: _____ Location: _____
Relevant Ticket or Case Number: _____

EMPLOYEE AGAINST WHOM THE COMPLAINT IS BEING FILED:

Name: _____ Badge: _____ Rank: _____ Vehicle: _____

Name(s), Address, Phone Number, or Other Identifying Information Concerning Witnesses:

Statement of Allegation: _____

(Use additional sheet if necessary)

I understand that this statement of complaint will be submitted to the Basehor Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

Signature of Complainant:

Date:

Signature of Person Receiving Complaint:

Date:

