



DOUGLAS POLICE DEPARTMENT

COMPLAINT REPORTING FORM



Type: In-Person Phone Mail E-Mail Admin.

Complainant Information:

Date & Time Complaint Filed: _____ / _____ Department Register #: _____

Name of person filing complaint: _____

Address: _____ Home/Cell Phone: _____

Witness Information:

Name

Address

Phone Numbers

1. _____

Employee named in the complaint:

Name: _____ Rank: _____ ID#: _____

Date, Time, Location and Description of Incident: _____

Signature of Complainant: _____ Date: _____

Supervisor Receiving Complaint: _____ Date: _____

The complainant shall be given a copy of this form to serve as a receipt. The complainant will receive a response from the department within thirty (30) days regarding the status or conclusion of the investigation.

Date, Time, Location and Description of Incident (continued):

Signature of Complainant: _____ Date: _____

Supervisor Receiving Complaint: _____ Date: _____

The complainant shall be given a copy of this form to serve as a receipt. The complainant will receive a response from the department within thirty (30) days regarding the status or conclusion of the investigation.