



REPORT OF COMPLIMENT/COMPLAINT ABOUT WARSAW POLICE PERSONNEL

CONFIDENTIAL

Name of Person Making Report: _____

At what address can you be contacted? _____

At what phone number would you like to be contacted?

Residence: _____ Work: _____ Cell: _____

Date and time of incident: _____

Location of incident: _____

Name(s) of Officer(s) or Employee(s) about whom Compliment/Complaint is being filed, or other identifying marks (car number, etc.): _____

Name, Address/Phone Number or other identifying information of witnesses (if applicable):

STATEMENT OF FACT: _____

(If further space is needed, use reverse side of sheet)



REPORT OF COMPLIMENT/COMPLAINT ABOUT WARSAW POLICE PERSONNEL

CONFIDENTIAL

I understand that this statement of compliment/complaint will be submitted to the Warsaw Police Department and may be the basis for an investigation. 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. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

In a case of complaint: I understand that, under the regulations of the department, the employee about whom this report is being filed, may be entitled to request a hearing before a board of inquiry. By signing and filing this report, I hereby agree to appear before a board of inquiry, if one is requested by the employee, and to testify under oath concerning all matters relevant to this report.

Signature of Person Making Report

Date

_____ Check if Person Refused to Sign

Signature of Person Receiving Report

Date