



111 South 11th Street
 Van Buren, AR 72956
 479-474-1234

COMPLAINT FORM

TYPE OF COMPLAINT (PD USE ONLY)	DATE RECEIVED	TIME RECEIVED	COMPLAINT NO. (PD USE ONLY)
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COMPLAINANT

NAME (Last, First, MI)		ADDRESS (Street, Route, City, State, Zip Code)		
DATE OF BIRTH	SSN (Optional)	HOME PHONE	BUSINESS PHONE	CELL/OTHER PHONE

EMPLOYEE (S) INVOLVED

NAME (Last, First, MI)	BADGE	NAME (Last, First, MI)	BADGE
NAME (Last, First, MI)	BADGE	NAME (Last, First, MI)	BADGE

WITNESSES

NAME (Last, First, MI)	TELEPHONE NO.	NAME (Last, First, MI)	TELEPHONE NO.
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COMPLAINT RECEIVED <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	RECEIVED BY (EMPLOYEE TAKING COMPLAINT)
LOCATION OF INCIDENT	DATE OCCURRED TIME OCCURRED <div style="text-align: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</div>

BRIEF DESCRIPTION OF INCIDENT:

COMPLAINANT'S AFFIRMATION

I do solemnly swear that the above information is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that if the investigation proves the allegations were known by me to have been false when the complaint was signed that the accused Van Buren Police Department employee(s) may pursue legal remedies against me.

READ & AFFIRMED READ & DO NOT AFFIRM

 Complainant's Signature

 Date

Subscribed and Sworn before me this _____ day of _____ 20 _____

My Commission Expires _____

(SEAL)

 Notary Signature