**CARLTON POLICE DEPARTMENT**

**CITIZEN OFFICER COMPLAINT FORM**

Complaint #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be used to register a complaint against any employee of the Carlton

Police Department whose conduct, behavior, or actions is considered improper, unnecessary, inappropriate or unlawful.

Please PRINT all information clearly and legibly on the spaces provided so the department’s investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Chief of Police. You will be contacted at a later time with regard to your complaint and the status of the investigation.

**COMPLAINT INFORMATION**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name Today’s Date

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Street Address City State Zip

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Telephone (Home) Cell Number(s)

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Telephone (Work) Cell Number(s)

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Date/Time Of Incident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Of Incident

This complaint is in reference to incident/case number (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and/or traffic citation number (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee(s) involved (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness(s) to incident (if any): Please list all cell phone numbers.

Name Address Phone

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**COMPLAINT SUMMARY**

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Please be detailed and use additional paper if needed.

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To the best of my knowledge the above allegations are true and were made by me in good faith.

Signature of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness to Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer/employee receiving this complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned by: Chief of Police; or Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of assignment.