ARDMORE POLICE DEPARTMENT

CITIZEN COMPLAINT AGAINST POLICE PERSONNEL

COMPLAINT INFORMATION			
DATE AND TIME COMPLAINT RECEIVED:			
SUPERVISOR WHO RECEIVED COMPLAINT:			
HOW WAS COMPLAINT RECEIVED?	PHONE [ ]	MAIL [ ]	IN PERSON [ ]
COMPLAINANT INFORMATION			
COMPLAINANT:	RACE/SEX:		DOB:
ADDRESS:			
PHONE NUMBERS:	HOME:	WORK:	CELL:
DATE AND TIME INCIDENT OCCURRED:			
LOCATION OF INCIDENT:			

NAME OF THE EMPLOYEE IN THIS COMPLAINT. IF NOT KNOWN, PLEASE PROVIDE OTHER IDENTIFYING INFORMATION (CAR NUMBER, BADGE NUMBER, ETC)	
NAME:	SEX:
EMPLOYEE ID #:	VEHICLE NUMBER:

WITNESS INFORMATION		
NAME:	SEX:	DATE OF BIRTH:
ADDRESS:		
PHONE:		

DETAILS OF COMPLAINT

(If the nature of the allegation(s) is serious or criminal in nature, forward compliant to the Chief of Police prior to any investigation being conducted.)

DISPOSITION	
ADMINISTRATIVE ACTION TAKEN	
INVESTIGATING SUPERVISOR:	DATE:

APD Form 2011-0129