



Snowflake-Taylor Police Department
Complaint against Police Personnel Form
CONFIDENTIAL

Name of Complainant: _____

Physical Address: _____

Mailing Address: _____

Home Phone Number: _____ Work Phone Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of officer(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Officer 1

Officer 2

Rank: _____

Rank: _____

Name: _____

Name: _____

Badge I.D Number: _____

Badge I.D Number: _____

Vehicle/Other: _____

Vehicle/Other: _____

Name(s), Address, Phone Number or other identifying information concerning witness (es):

Witness 1

Witness 2

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Statement of Allegation: _____

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

I understand that this statement of complaint will be submitted to the Snowflake-Taylor Police Department and may be the basis for an investigation. Further, 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.

Making false report or claim is against Arizona State Law and is punishable by fine, imprisonment or both.

I understand that, under the policy of the police department, the officer against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matter relevant to this complaint.

Signature of Complainant

Date

- Check if complainant refused to sign
Complaint taken by phone

Signature of person receiving complaint

Date

Does the complainant wish contact Yes No