



# DUBLIN POLICE DEPARTMENT



## CITIZEN COMPLAINT FORM

### COMPLAINANT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

### INCIDENT INFORMATION

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

EMPLOYEES INVOLVED: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

### RECEIVING SUPERVISOR

SUPERVISOR RECEIVING COMPLAINT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### NOTICE TO COMPLAINANT

The Dublin Police Department recognizes that citizens should feel free to issue valid complaints regarding the conduct of its employees. All complaints are permanently documented. False complaints or misrepresentations may result in criminal charges or civil actions to be filed against the complainant. Your signature below verifies that you have read and understand this notice.

COMPLAINANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DETAILS OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

USE OTHER SIDE OF FORM OR ADDITIONAL FORM IF MORE ROOM IS NEEDED.