

Service/Personnel
Complaint Form



Complainant's Name (Last, First, Middle)		Age	Language Spoken:		OPA Complaint #
Address		City	Zip	Home Phone ()	Work/Cell Phone ()

Location of Occurrence	Day	Date	Time
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Witness Name (LAST, First, Middle)	Address	City/Zip	Phone (Include Area Code)

Identity of Involved Personnel

Badge No.	<input type="checkbox"/> Name Vehicle No., etc.	<input type="checkbox"/> Officer	<input type="checkbox"/> Civilian	Sex	Race

Details of complaint. Turn over for more space. (attach additional pages if necessary) :

What would you like as a result of this complaint?

Complainant's Signature X _____ Date _____
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Person/Supervisor Receiving Complaint	Serial No.	Assignment	Date	Time
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OPA Use Only:

Check all Categories that Apply: <input type="checkbox"/> Service <input type="checkbox"/> Citizen <input type="checkbox"/> Personnel <input type="checkbox"/> Internal Other _____	Complaint Received by <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other	Date Received
	RPD Incident No.	Involved Bureau <input type="checkbox"/> PSB <input type="checkbox"/> ISD <input type="checkbox"/> Admin

