SPRINGDALE POLICE DEPARTMENT

POLICE / CITIZEN COMPLAINT FORM

SUBJECT OF INVESTIGATION: ____________________________________________________________

LAST NAME                FIRST                    INITIAL

COMPLAINTANT’S NAME        HOME ADDRESS:          HOME PHONE NO.#

LAST          FIRST          NUMBER        STREET

CITY, STATE, ZIP

WORK TELEPHONE #

WITNESSES OR OTHER COMPLAINANTS:

LAST          FIRST          NUMBER        STREET         TELEPHONE # (H)

LAST          FIRST          NUMBER        STREET         TELEPHONE # (H)

LAST          FIRST          NUMBER        STREET         TELEPHONE # (H)

(If additional space for witnesses is needed, attach separate sheet)

DATE AND TIME OF INCIDENT: ___________________________________________________________

LOCATION OF INCIDENT: _______________________________________________________________

DETAILS OF THE COMPLAINT (PLEASE BE SPECIFIC):

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
POLICE / CITIZEN COMPLAINT FORM

I, ______________________________________________, DO HEREBY AFFIRM THAT THE FOREGOING INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE, MISLEADING OR UNTRUE STATEMENTS, ACCUSATIONS OR ALLEGATIONS, HEREIN MADE BY ME, EITHER ORALLY OR IN WRITING, TO ANY PERSON(S) INVESTIGATING THIS COMPLAINT, MAY SUBJECT ME TO CIVIL AND/OR CRIMINAL PROSECUTION.

I REALIZE THAT IT MAY BECOME NECESSARY, DURING THE INVESTIGATION OF THIS COMPLAINT, FOR ME TO MEET WITH A MEMBER(S) OF THE SPRINGDALE POLICE DEPARTMENT TO DISCUSS THIS COMPLAINT EITHER IN THE PRESENCE OR ABSENCE OF THE ACCUSED DEPARTMENT MEMBER(S) AT THE DISCRETION OF THE DEPARTMENT. I HEREBY ACCEPT THE PREMISE THAT IF ACTION IS INITIATED THROUGH A COURT OR ADMINISTRATIVE HEARING, AS A RESULT OF MY COMPLAINT, MY TESTIMONY BEFORE THESE HEARINGS MAY BE REQUIRED. I HEREBY AGREE TO MAKE MYSELF AVAILABLE TO THE AFOREMENTIONED COURT OR ADMINISTRATIVE HEARING WHEN REQUESTED TO DO SO.

X____________________________________             ______________________________________
COMPLAINTANT'S SIGNATURE             DATE / TIME

SWORN TO BEFORE ME, THIS ___________ DAY OF ____________________, __________.

SEAL
_________________________________ NOTARY PUBLIC

(Please cut along perforated line)

COMPLAINT RECEIPT

THE SPRINGDALE POLICE DEPARTMENT ACKNOWLEDGES THE RECEIPT OF A COMPLAINT FILED AGAINST ONE OF ITS MEMBER(S) ON (DATE)_______________________ BY (COMPLAINTANT) (ADDRESS)___________________________________________________________.

YOUR COMPLAINT WILL BE BROUGHT TO THE ATTENTION OF THE CHIEF OF POLICE AND HE WILL ASSIGN A SPECIAL INVESTIGATOR TO GATHER ALL OF THE FACTS. ONCE THE INVESTIGATOR HAS FILED HIS REPORT, IT WILL BE CAREFULLY REVIEWED BY SENIOR POLICE OFFICIALS, INCLUDING THE CHIEF OF POLICE, AND A FINAL DISPOSITION WILL BE MADE.

A REPRESENTATIVE OF THE POLICE DEPARTMENT WILL NOTIFY YOU AS TO THE FINAL DISPOSITION OF YOUR COMPLAINT, USUALLY WITHIN A PERIOD OF THIRTY DAYS FROM THE DATE SHOWN BELOW.

_________________________________                __________________________________________
DATE / TIME                                          SIGNATURE OF ACCEPTING DEPARTMENT MEMBER
FOR POLICE DEPARTMENT INTERNAL USE ONLY. TO BE COMPLETED BY THE ACCEPTING DEPARTMENT MEMBER.

ACCEPTING DEPARTMENT MEMBER: ________________________________________________
(SUPERVISOR / ACTING SUPERVISOR)

DATE / TIME: __________________________________________.

ACCEPTING MEMBER’S OBSERVATIONS OF THE COMPLAINT, (CITIZEN COMPLAINT ONLY) INCLUDE PHYSICAL OBSERVATION AS WELL DEMEANOR, ATTITUDE, ETC.

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<tr>
<th>DEPARTMENT MEMBER UNDER INVESTIGATION</th>
<th>RANK</th>
<th>CURRENT ASSIGNMENT</th>
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<th>NAME OF MEMBER’S IMMEDIATE SUPERVISOR AT TIME OF INCIDENT:</th>
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<th>RANK</th>
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TO BE COMPLETED BY THE INVESTIGATING OFFICER

DATE INVESTIGATION INITIATED: _____________________________
DATE TERMINATED: _____________________________
DATE OF FINAL REPORT: _____________________________

INVESTIGATOR’S FINAL DETERMINATION:

☐ SUBSTANTIATED ☐ UNFOUNDED ☐ INCONCLUSIVE

INVESTIGATOR’S COMMENTS: ________________________________________________________________

________________________________________

(ALL PERTINENT INVESTIGATIVE DATA TO BE ATTACHED WITH REPORT)

TO BE COMPLETED BY THE CHIEF OF POLICE

DATE OF FINAL REVIEW: _____________________________
SIGNATURE OF CHIEF OF POLICE: _____________________________

CHIEF’S RECOMMENDATION / DISPOSITION:

☐ SUBSTANTIATED ☐ UNFOUNDED ☐ INCONCLUSIVE

FINAL ACTION:

☐ NONE TAKEN ☐ COUNSELING ☐ ORAL REPRIMAND (CHIEF’S)

☐ WRITTEN REPRIMAND (CHIEF’S) ☐ REFERRED TO MAYOR’S OFFICE FOR DISCIPLINARY HEARING

☐ OTHER

COMMENTS ATTACHED: ☐ YES ☐ NO

COMPLAINTANT NOTIFIED BY: _____________________________ DATE/TIME: _____________________________

ACCUSED NOTIFIED BY: _____________________________ DATE/TIME: _____________________________

REVISED 01/2006  FILE: POLICE/POLICE-CITIZEN COMPLAINT