

MISCONDUCT COMPLAINT FORM

THIS FORM IS TO BE FILLED IN COMPLETELY. IF YOU NEED ASSISTANCE IN FILLING THIS FORM OUT, CITY STAFF WILL ASSIST YOU.

YOUR NAME: _____

YOUR ADDRESS: _____ CITY: _____ STATE: _____

YOUR PHONE #: _____ ZIP CODE: _____

WHAT ACTION DO YOU WISH TO FILE A COMPLAINT ABOUT?
(PLEASE WRITE IN YOUR OWN WORDS WHAT HAPPENED) IF MORE ROOM IS NEEDED, ATTACH A SHEET OF PAPER.

ON WHAT DATE DID THIS HAPPEN? _____

WHERE DID IT HAPPEN? _____

WHAT TIME OF DAY? _____

GIVE THE NAME OF THE CITY STAFF(S) AGAINST WHOM YOU WISH TO FILE A COMPLAINT IF KNOWN (IF YOU DO NOT KNOW THE CITY STAFF'S NAME, PLEASE DESCRIBE THE PERSON(S)):

MY INFORMATION ABOUT THIS INCIDENT IS BASED ON: (PLEASE DESCRIBE HOW YOU KNOW ABOUT THIS; DID YOU SEE IT, WERE YOU INVOLVED, OR WHO TOLD YOU ABOUT IT AND NAMES AND ADDRESSES OF PERSONS WITH KNOWLEDGE)

I HEREBY STATE AND CERTIFY THAT I HAVE COMPLETED THIS FORM AND THAT THE FACTS SET FORTH ON IT ARE TRUE AND CORRECT BASED UPON MY PERSONAL KNOWLEDGE OF THE FACTS.

DATE: _____ SIGNATURE: _____

SIGNATURE OF PERSON RECEIVING COMPLAINT: _____