

SERGEANT BLUFF POLICE DEPARTMENT PUBLIC COMPLAINT FORM

INSTRUCTIONS:

1. If you wish to lodge a complaint, you may write your own letter or use this form.
2. The complaint must be within six months of the incident.
3. Please complete as many areas as you can and provide as much detail and information as possible.
4. YOU must be directly affected by the Officer's conduct.
5. A false report may be subject to IA Code 718.6.

Last Name:		First Name:		MI
Address: (home)				
City:	State:	Zip	Contact Phone Number:	
COMPLAINT DETAILS				
Date of Incident:	Time of Incident:	Location of Incident:		
Date of Complaint:	Complaint Number – If Known			
Complete the following sentence: <i>I am complaining that...</i>				
Description of what happened. Be sure to include how you were directly affected by the incident. As much detail as possible, Who, What, When, Where and Why. (additional space available on page 2 or use separate piece of paper).				
PHYSICAL EVIDENCE				
Was there a physical injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe details of injury.				

Medical treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date / Time:	Location of hospitalization:	
Name of physician:		Phone number:	
Are you including any photographs or other evidence to support your complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of officer(s) or badge #(s) involved:	1.	2.	
	3.	4.	
Description continued:			
Names, addresses and telephone # of witness(es):			
SIGNATURE OF COMPLAINANT			DATE
TO BE COMPLETED BY SBPD STAFF			
Date / Time received:	<input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax		
If hospitalization, Consent to Release of Medical Information Form completed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, why?			
Copy of complaint provided to Complainant? <input type="checkbox"/> YES		Investigated by: <input type="checkbox"/> Chief of Police <input type="checkbox"/> Assistant Chief of Police	