



**Tontitown Police Department**

**Complaint of Employee Misconduct**

Complainants Name (Last, First, Middle)		Date of Birth:
Physical Address:		
Email:	Phone:	Best Form of Contact:

*Complete this portion if complainant is a minor or if assisted by an Attorney.*

Name (Last, First, Middle)	Relationship to Complainant:
Address:	Phone:

Location of Occurrence:	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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*Identity of involved personnel*

Badge No.	Name, Vehicle Number, etc.

<b>Brief description of the incident using your own words. (If you need more space, use an additional sheet of paper).</b>	
Where you Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No	What would you like as a result of this complaint?

Please continue to back



Witness Name (Last, First)	Address	Phone

<b>I have read and understood this statement, which I have made of my own free will, and the facts contained therein are true and correct to the best of my knowledge.</b>	
<b>Complainant's Signature:</b>	<b>Date:</b>
<b>Representative's Signature:</b>	<b>Date:</b>

*For Official Use Only*

<b>Complaint Received by:</b> <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Email	<b>Date Received:</b>
<b>Receiving Officer/Personnel:</b>	<b>Investigated by:</b>

<b>Findings:</b> <input type="checkbox"/> <b>Unfounded:</b> The investigation disclosed that the alleged act(s) did not occur or did not involve department personnel <input type="checkbox"/> <b>Exonerated:</b> The investigation disclosed that the alleged act occurred, but that the act was justified, lawful, and/or proper. <input type="checkbox"/> <b>Not Sustained:</b> The investigation disclosed that there is insufficient evidence to sustain the complaint or fully exonerate the employee. <input type="checkbox"/> <b>Sustained:</b> The investigation discloses sufficient evidence to establish the act occurred and that it constituted misconduct.
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<b>Investigation Summary</b>

<b>Investigation Incident Number:</b>	<b>Date Closed:</b>
<b>Signature of Investigating Personnel:</b>	