

COMPLAINT SUBMISSION FORM

Date: _____

Location: _____

Offender: _____

Address: _____ Phone #: _____

Nature of Complaint: _____

Complainant: _____

Address: _____ Phone: _____

Signature: _____

Office use:

ID #: _____ Date Received: _____ Type: _____ P.S. _____
Referred To: _____ By: _____
Date of Investigation: _____ Recheck Date(s): _____
Findings & Actions: _____ _____ _____ _____ _____
Date Completed: _____ Final Disposition: _____
Orders Issued: Y _____ N _____ Date: _____ Due: _____
Signature of Investigator: _____