



DUNN POLICE DEPARTMENT



COMPLAINT FORM AND STATEMENT

Citizen Complaint	Internal Complaint
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INFORMATION REPORTED TO DPD:

Date:	Time:	Location:
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INCIDENT INFORMATION

GPD Incident #:		
Date:	Time:	Location:

CITIZEN CONTACT INFORMATION

Name:			
Address:	City:	State:	Zip:
Phone #:	Email:		

DPD PERSONNEL INVOLVED

Name/ID:	Name/ID:
Name/ID:	Name/ID:

WITNESSES

Name:			
Address:	City:	State:	Zip:
Phone #:	Email:		

*Please list additional witness information on supplemental page.

SUPERVISOR USE ONLY

Received by:	Date:
<input type="checkbox"/> Receipt of complaint verified with Complainant (phone/copy of form and documentation)	

Complaint Alleged (check all that apply):

<input type="checkbox"/> Racial Discrimination	<input type="checkbox"/> Excessive Use of Force	<input type="checkbox"/> Officer Corruption
<input type="checkbox"/> Unprofessional Behavior	<input type="checkbox"/> Dereliction of Duty	<input type="checkbox"/> Other _____

<input type="checkbox"/> Employee notified of investigation (by next work day)	Complainant notified investigation complete: <input type="checkbox"/> phone/email/letter
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The complaint was investigated and the findings are:

<input type="checkbox"/> Unfounded (incident did not occur)	<input type="checkbox"/> Exonerated (incident occurred, but officer's actions were justified/legal/proper)
<input type="checkbox"/> Not Sustained/Inconclusive (insufficient information to prove or disprove the complaint/allegation)	<input type="checkbox"/> Policy Failure
<input type="checkbox"/> Sustained (the officer(s) violated City policy/DPD policy/Laws) – Describe disciplinary/corrective action taken:	

Complaint status (check one):	<input type="checkbox"/> Open (still under investigation)	<input type="checkbox"/> Resolved
	<input type="checkbox"/> Closed (pending further information)	<input type="checkbox"/> Forwarded to the Chief of Police for further investigation

Submitting Supervisor (print): _____	Date: _____
(sign): _____	

* Note: The supervisor who takes the complaint is to forward, at a minimum, a copy of this form to the Professional Standards Captain by the next business day for administrative processing. Captains and Chief should be notified through the chain of command.



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in your own words, please describe the events that led to your allegation of misconduct by an employee of the Dunn Police Department.

(Use additional sheet of paper as necessary.)

By signing below, I swear that the information contained in page 1 and 2 of this form (and any attachments) are true. I further understand that if the investigation proves these allegations to be false, I may be liable to both criminal and civil prosecution. I also understand that I may be asked to submit to a polygraph examination as part of the investigation.

Signature

Date

Print Full Name

Address: Street, City, State and Zip

Cell/Home Phone

Work Phone

Other Phone

Place of Employment

Best Time to Contact You