



MARYSVILLE POLICE DEPARTMENT

IA # _____

Date Assigned for Investigation _____

PERSONNEL COMPLAINT FORM

COMPLAINANT:

Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

Email Address: _____

INCIDENT DATA:

Name of Employee(s) Involved: _____

Description (If names unknown): _____

Location of Incident: _____

Date and Time of Incident: _____

(Check if applicable) Arrest Involved Injury Involved Medical Release Signed

SYNOPSIS OF SUPERVISORS ACTION TAKEN / RECOMMENDED:

Incident Report made: Yes No Case Report # _____

Complaint taken by: _____ Date: _____
Name & Title

Reviewed by _____ Date: _____
Name & Title

Formal Investigation Suggested: Yes No

DISPOSITION OF COMPLAINT:

Sustained Not Sustained Unfounded

Exonerated Commended

Comments: _____

Chief of Police