



## Complaint/Occurance Form

### Complainant Information

Name:

Address:

Phone:

Email:

### Incident Information

Date:

Time of Incident:

Location:

Details of the Incident:

I, the above complainant, certify that the above statement is true, accurate and complete to the best of my knowledge. I understand that the employee whom this complaint is filed against may be summoned to appear in an Administrative Hearing or an Internal Affairs Hearing. By signing this complaint, I hereby agree to appear at any called hearing and to testify to all matters relevant to this complaint. I also understand that a copy of this complaint will be forwarded to the employee. If a hearing is held, the employee and his/her attorney have a right to be present and to cross examine me concerning any testimony that I may give.

Signature of Person Filing Complaint:

Date:

Signature of Person Receiving the Complaint:

Date: