

CITIZEN COMPLAINT REPORT

Name of Complainant (last, first, Initial): _____

Telephone: _____

Residence Address : _____

Business Address : _____ Telephone : _____

Name of Person Complained Against : _____

Description (If name is not known) : _____

Date & Time of Incident : _____ Location of Incident : _____

Description of Incident:

Name of Witness	Address	Telephone
_____	_____	_____

Name of Witness	Address	Telephone
_____	_____	_____

I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

Signature of Complainant

Signature of Complainant's Parent or Guardian
(If the complainant is a minor)

Date & Time Report is Received

Name and Rank of City Official or Officer Receiving Report

Signature of Officer Receiving Report

CITY OF ELKTON CITIZEN COMPLAINT FORM

This is a means for the City of Elkton to identify policy/procedure problems or personnel problems involving either civilian or sworn personnel.

If the investigation sustains a wrong-doing on the part of any member of the city or department, disciplinary and or corrective action will be taken as outlined in the City of Elkton Personnel & Policies Manual, current edition; as specified in Kentucky Revised Statue, the Police Officers Bill of Rights; and according to departmental policies.

1. All complaint forms are to be completed and forwarded to the Mayor.
2. The Mayor will review the complaint and assign the investigation to either the officers'/employees' supervisor or to the City Attorney.
3. All facts pertinent to the complaint will be compiled and evidence gathered.
4. The City Attorney will complete and forward to the Mayor a written report of the findings.
5. The Mayor shall then make a decision, which is final and a matter of record.
6. A disposition of the investigation will be made and kept on file at City Hall.
7. The complainant will be notified as to the outcome of the investigation.
8. If an action of wrongdoing is sustained, the complainant may be asked to appear in person to testify against the employee(s) involved.

Signature of Complainant: _____

Date and Time Complaint Made: _____

Signature of Officer Receiving Complaint: _____

Date and Time Complaint Received: _____