Date:

Complainant's Name:

Complainant's Address:

City, State and Zip code:

Phone Number:

Type of Complaint or Allegation:

Location of Occurrence:

Date of Occurrence: **Time:** **am/pm** choose

Employee(s) Allegedly Involved:

Witness:

Name:

Address:

Phone #:

Witness:

Name:

Address:

Phone #:

Description of Allegation/Statement of Complaint

(Please continue on back if additional space is needed)

I, _____ do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writing to any person(s) examining this complaint, may subject me to civil prosecution by the accused.
I further realize that it may become necessary, during the inquiry of this complaint, for me to meet with a town official, police officer or the Town's attorney to discuss this complaint; either in the presence or absence of the accused individual at the discretion of the officials involved in this matter.

Complainant's Signature:

For office use only:

Incident Report # Incident Report Received by:

Incident Report Received on:

Reviewed by:

Form approved by Attorney Thomas Beeman on 3-25-15

Add Additional Information Here