NORTH POLE POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

The North Pole Police Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the department. The goal of the department is to ensure that objectivity, fairness, and justice is assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as practicable. During the course of an investigation, the assigned supervisor shall notify you concerning the status of the complaint. The Office of the Chief of Police will also notify you of the findings of the investigation conducted by the department. Please review the “Guide to the Citizen Complaint Process” for additional information.

Your Name: ____________________________________________________________

Your Address: __________________________________________________________

Daytime Phone: (___)__________  Evening Phone: (___) __________

Date of Incident: ____/____/____  Time of Incident: __________AM or PM?

Location of the Incident: _________________________________________________

Name or Description of Officer or Vehicle: _________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Complainant’s Certification:

“I hereby certify that to the best of my knowledge that the statements made herein are true”.

Your Signature: ____________________________________________________________

Today’s Date: ___/___/______  Time Now _________ AM OR PM?

For Internal Use Only: To be completed by the Supervisor Receiving the Complaint

Name: ___________________________ Rank: _______________ Badge #: ______

Related Incident Report Number: ___________ Date Report Received ___/___/___

Forward original to the Office of the Chief of Police. CC: Lieutenant

For Internal Use Only: To be completed by the Office of the Chief of Police

Assigned to: ___________________________ Date Assigned: ___/___/___

Date Due: ___/___/_____