



# COLUMBIA POLICE DEPARTMENT

707 North Main Street  
Columbia, TN 38401  
(931) 380-2727

Control #: \_\_\_\_\_

## CITIZENS COMPLAINT FORM

We provide this form with the understanding that you authorize this department to conduct an investigation to determine if a violation of law or departmental rules and regulations occurred. COMPLETE AND DETAILED information will speed action on your complaint.

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_) \_\_\_\_\_  
Phone Number

Date and time incident occurred? \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_  AM  PM

Who is the employee that your complaint is against? \_\_\_\_\_  
Employee's Name

Have you talked with the employee's supervisor?  Yes  No

### Complainant Witnesses:

NAME	ADDRESS	PHONE

Please fill out a statement on the back or second page of this form, describe the nature of your complaint.

### \*\*\*\*\* TO BE FILLED OUT BY DEPARTMENT PERSONNEL \*\*\*\*\*

Employee receiving complaint: \_\_\_\_\_ Badge #: \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time received: \_\_\_\_:\_\_\_\_  AM  PM

Signature of Employee: \_\_\_\_\_

