



## CITIZEN COMPLAINT FORM

The Belle Plaine Police Department requires all of its employees to provide service following its guiding principals, which are Integrity, Professionalism, Impartiality and Ethics. It is the policy of the Belle Plaine Police Department to investigate all allegations of misconduct concerning Department employees. If you wish to file a complaint, please complete the following information and sign the form.

### *YOUR INFORMATION*

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### *INCIDENT INFORMATION*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Officer Name(s) or Badge Number(s) (if known): \_\_\_\_\_

Report Number (if known): \_\_\_\_\_

### *COMPLAINT*

Please provide the details surrounding your complaint. List any other person(s) involved, and possible witnesses. If additional space is needed, please attach a separate sheet.

To the best of my knowledge, the information I have provided is true and factual.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Please return completed form to: Chief of Police*