REPORT of COMPLAINT AGAINST POLICE PERSONNEL

CONFIDENTIAL

Name of Complainant:_____
LAST FIRST MIDDLE

Complainant contact address:_____
STREET CITY

Complainant contact phone number:_____ _____ _____
HOME WORK CELL

Incident Information

Incident location: _____ Incident date & time ___/___/20__ @_____ ◯am ◯pm

Name of officer(s) complaint is being filed against, or other identifying marks (car number, badge number, etc)

_____

_____

_____

Rank:_____ Name:_____ Unit #:_____ Car:_____

Witness Information (please list additional witnesses and their contact info on back or additional sheets as necessary)

Please list all witness information
Name:_____ Phone:_____ Address:_____
Other identifying witness information:_____

Statement of Allegations

_____

_____

_____

_____

_____

(if additional room is needed please use back or additional sheets as necessary)

I understand that this statement of complaint will be submitted to the Buckhannon Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief, and my statements contained herein are provided under oath and subject to penalties for false swearing. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of reward of any kind.

I understand that under the regulations of the police department, the officer against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

_____ _____ ☐ refused to sign
Signature of Complainant Date

_____ _____
Signature of Individual Receiving Complaint Date

BPD-S1