

DEPARTMENT OF PUBLIC SAFETY

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Robert E. Hearnese, Director

INTERNAL COMPLAINT FORM

My Name Is: _____

My Address Is: _____

My Home Phone #: _____ Cell Phone #: _____

The Best Time to Contact Me Is: _____

I want to complain about (choose at least one listed below):

- Officer: _____
- Badge Number: _____
- Vehicle Number: _____

I want to complain because on _____ at _____ am/pm
(date) (time)

Location: _____

Describe complaint: _____

(Attach additional sheets if necessary)

I understand, and desire, that this complaint will be investigated diligently. I further understand that if the investigation proves the allegations made to be false, I may be subject to criminal and/or civil penalties. I also understand that I may be asked to submit to a polygraph examination as part of this investigation.

Signature: _____ Date: _____