

CITIZEN — EMPLOYEE COMPLAINT

Completely fill out this form listing times, dates and complete witness information. The form will be receipted and you will then retain your copy.

COMPLAINANT: _____ ADDRESS: _____ PHONE: _____

DATE FILED: _____ TIME: _____ BUSINESS: _____

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COMPLAINANT _____ SIGNATURE _____

Date & Time Received: _____
Forwarded by: _____

cc:
1 - Original-Internal Affairs
2 - Complainant Copy