



**CITY OF ANDERSON
POLICE DEPARTMENT**

**OLIVER COLLINS
CHIEF OF POLICE**

PERSONNEL COMPLAINT OF ALLEGED MISCONDUCT

COMPLAINANT INFORMATION

DATE REPORTED _____ TIME _____ APD CASE # _____

COMPLAINANT'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP CODE _____ CELL PHONE _____

INCIDENT INFORMATION

LOCATION OF INCIDENT _____ DATE _____ TIME _____

OFFICER _____ SHIFT _____

OFFICER _____ SHIFT _____

OFFICER _____ SHIFT _____

WITNESS _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP CODE _____ CELL PHONE _____

WITNESS _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP CODE _____ CELL PHONE _____

COMPLAINANT SIGNATURE

DATE

PLEASE COMPLETE NARRATIVE ON REVERSE SIDE.

