



# COMPLAINT FORM

\_\_\_\_\_

CPD Complaint Tracking Number

Complainant Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complaint/Allegation made against: \_\_\_\_\_  
Employee(s) name or car number, etc as applicable

Summary of the Complaint/Allegations: \_\_\_\_\_

\_\_\_\_\_

Location of occurrence: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Witness: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***Notice: Pursuant to Section 13A-10-9, Code of Alabama, a person commits the crime of false reporting to law enforcement authorities if they knowingly make a false report or causes the transmission of a false report to law enforcement authorities and any false statement you make and that you do not believe to be true may subject you to criminal punishment as a Class A Misdemeanor.***

***In making this complaint, the individual listed above as complainant is hereby notified that any misleading or any untrue statements in the included complaint may subject the complainant to civil or criminal prosecution. Complainant is to fully understand that it may become necessary in the investigation of this complaint for them to meet with members of the Department or appear in an administrative hearing or court proceeding resulting from the investigation of the complaint, and they will make themselves available to present testimony at any such hearing if necessary to do so.***

## INTERNAL USE ONLY

Complaint Taken Orally by Employee: \_\_\_\_\_

Complaint was Anonymous: \_\_\_\_\_

\_\_\_\_\_

CPD Employee Receiving Complaint

# COMPLAINT FORM - NARRATIVE

## **AFFIRMED BY**

\_\_\_\_\_  
Complainants's Signature:

\_\_\_\_\_  
Witness's Signature:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

COMPLAINT FORM - HANDWRITTEN NARRATIVE

Lined area for handwritten narrative.

AFFIRMED BY

Complainants's Signature:

Witness's Signature:

Received by:

Date:

Time: