



Marion Police Department Citizen Complaint Form



Officer's Name	Employee Complaint #	Date and Time of Incident

Complainant's Name	Home Address	Contact Number
Witness	Home Address	Contact Number

Details of the Complaint:

SEE ADDITIONAL PAGE
Complaint Affirmation

I, _____, do hereby affirm that the foregoing statement information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writing to any person (s) investigating this complaint may subject me to civil and/or criminal prosecution by the accused.

I further realize that it may become necessary during the investigation of this complaint for me to meet with a member or members of the Marion Police Department to discuss this complaint, either in the presence or absence of the accused person(s) at the discretion of the department. I also accept and understand the premise that if any action is initiated through a court or through an administrative hearing as a result of my complaint, I will be required to testify before the aforementioned court or administrative hearing when requested to do so.

Complainant Signature

Date

Time

Witness Signature

Date

Time

Officer Receiving Complaint Signature

Date

Time

TO BE COMPLETED BY INVESTIGATING OFFICER

Type of Complaint	Date Received	Assigned To	Date

Investigation Start Date	Investigation End Date	Date of Filing Report

Comments of the Investigator

TO BE COMPLETED BY THE CHIEF OF POLICE

Final determination:

- SUBSTIANED
 UNFOUNDED
 INCONCLUSIVE
 OTHER

Final disposition:

- NO ACTION TAKEN
 TRANSFER
 DISMISSAL
 ORAL REPRIMAND
 SUSPENSION
 OTHER
 LETTER OF REPRIMAND
 REDUCTION

Comments:

Chief of Police

Date