GILBERTOWN POLICE DEPARTMENT

COMPLAINT FORM

Use this form to submit a formal complaint for department review. All fields must be completed by the complainant. Anonymous complaints are not accepted through this form. Attach additional pages if necessary.

Submission instructions: Submit in person to the Chief of Police or a designated official; leave with the Town Clerk for delivery to the Chief.

Assistance: If you are unable to complete this form because of a disability, literacy, language barrier, or other limitation, department staff will provide assistance upon request.

COMPLAINANT INFORMATION — ALL FIELDS REQUIRED

Full legal name: _____

Mailing street address: _____

City / State / ZIP: _____ **Telephone:** _____

Email address: _____

Preferred contact method: ☐ **Telephone** ☐ **Email** ☐ **Mail**

INCIDENT INFORMATION — ALL FIELDS REQUIRED

Date of incident: _____ **Approximate time:** _____

Location of incident: _____

Employee(s) involved: _____

If unknown, describe the employee(s) as completely as possible, including physical description, vehicle/unit information, or other identifying details: _____

_____

Witness name(s) and contact information; if none known, write "None known": _____

_____

Date of incident: _____ **Approximate time:** _____

Location of incident: _____

Employee(s) involved: _____

If unknown, describe the employee(s) as completely as possible, including physical description, vehicle/unit information, or other identifying details: _____

_____

Incident/report/case number, if known — if unknown, write unknown”: _____

COMPLAINT DESCRIPTION — REQUIRED

Describe what occurred, including relevant actions, statements, names, and circumstances. Include information about any injury, property damage, or other concern. Attach additional pages if necessary:_____

_____

_____

_____

_____

_____

SUPPORTING INFORMATION — REQUIRED

List documents, evidence, or other information you are providing or may be able to provide. If none, write “None.”:_____

_____

_____

IN-PERSON SUBMISSION REQUIREMENT

This Complaint Form must be submitted in person by the complainant and must contain the complainant's original signature. The complainant must present the form to discuss the matter with the Chief of Police. If the Chief is unavailable, the complainant may leave the completed, originally signed form, and the Chief will contact the complainant at the Chief's convenience. Complaint forms may not be submitted by email, through an online form, or anonymously. If you are unable to appear in person because of a disability, distance, safety concern, or other hardship, contact the department to arrange an alternative method of submission.

CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that the department will review this complaint according to applicable law and the discretion of the Chief of Police; submitting a complaint does not guarantee a specific outcome; information about a review may be limited by applicable law, personnel confidentiality, or an active investigation; and I should retain copies of materials submitted and not submit original evidence unless specifically directed:

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Complaint number: _____ **Date/time received:** _____

Received by: _____ **Chief contacted complainant on:** _____

Assigned to: _____ **Disposition date:** _____

Disposition: _____

Notes:_____

_____