

**Service/Personnel  
 Complaint Form**



Complainant's Name (Last, First, Middle)		Age	Language Spoken		Date Completed
Address		City	Zip	Home Phone	Cell Phone

Location of Occurrence	Day	Date	Time
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Witness Name (LAST, First, Middle)	Address	City/Zip	Phone (Include Area Code)

**Identity of Involved Personnel**

<input type="checkbox"/> Name   Vehicle No., etc.	<input type="checkbox"/> Civilian	Sex	Race

Details of Complaint (turn over for additional space):

What would you like as a result of this complaint?

Complainant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

Person/Supervisor Receiving Complaint	Title	Date	Time
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*Office Use Only:*

Check all Categories that Apply: <input type="checkbox"/> Service <input type="checkbox"/> Citizen <input type="checkbox"/> Personnel <input type="checkbox"/> Internal Other _____	Complaint Received by <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other	Date Received
	Complaint Assigned to:	Date Complaint Completed

Brief Narrative Using Own Words. If you need more space, use additional sheets of paper. Any questions, call the Fire Department Office at 360-825-5544