



YELLOW SPRINGS POLICE DEPARTMENT

Complaint Against Agency / Employee

Complainant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Date of Incident: _____ Day of Week: _____ Time: _____ AM/PM

Officer /Officer's Involved: _____

Please provide a brief description of the incident along with the nature of the complaint: _____

Signature: _____ Date: _____

Received By: _____ Date: _____

Notified complainant of Receipt In person Phone Email Letter Date: _____

Investigation Pending No * Yes

***Note: If Complaint is open, forward copy of this page to the Chief of Police, maintain copy for investigation.**

FOR DEPARTMENT USE ONLY

Supervisor

Chief

Recommendation

Decision

Unfounded

Policy Failure

Insufficient

Evidence Improper Conduct

**Internal Affairs Investigation
Required**

Complainant notified of status

If yes, date

If yes, date

Additional notification Req.

If yes, date

If yes, date

**Complainant Notified of
Disposition**

If yes, date

If yes, date

Initials _____

Initials _____

Date _____

Date _____

Supervisor Comments: _____

Village Manager Comments: _____

Chief Comments: _____

