

**BUENA VISTA POLICE DEPARTMENT
POLICE PERSONNEL COMPLAINT FORM**

EMPLOYEE COMPLAINT / CONCERN FORM

All citizens are encouraged to contact the Chief of Police if you have a complaint or concern, or experience a problem that affects you or someone you know. We ask that you complete this form within five working days after the incident or problem first occurred. We will contact you as soon as possible.

Complainant's Name	Complainant's Address	Complainant's Telephone #
_____	_____ _____	_____ _____

Police Officer(s) Involved:		

Date of Incident	Location of Incident	Time of Incident

Please describe the specific allegations:

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and phone numbers.

Please advise if you have raised this complaint/concern with any other office within the City Government of Buena Vista (Marion County).

Yes

No

Do you have any suggestion for proposed action to address or resolve the complaint/concern?
