



HOONAH DEPARTMENT OF PUBLIC SAFETY CITIZEN COMPLAINT FORM

The Hoonah Department of Public Safety adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the department. The goal of the department is to ensure that objectivity, fairness, and justice is assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as practicable. During the course of an investigation, the assigned supervisor shall notify you concerning the status of the complaint. The Office of the Chief of Police will also notify you of the findings of the investigation conducted by the department.

Your Name: _____

Your Address: _____

Daytime Phone: () _____ Evening Phone: () _____

Date of Incident: ___/___/___ Time of Incident: _____ AM or PM?

Location of the Incident: _____

Name or Description of Officer or Vehicle: _____

Reasons for the Complaint: _____

(Continue and Sign on Back)



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Complainant's Certification:

"I hereby certify that to the best of my knowledge that the statements made herein are true".

Your Signature: _____

Today's Date: ___/___/___ Time Now _____ AM OR PM?

For Internal Use Only: To be completed by the Supervisor Receiving the Complaint		
Name: _____	Rank: _____	Badge #: _____
Related Incident Report Number: _____	Date Report Received: ___/___/___	
Forward original to the Office of the Chief of Police		

For Internal Use Only: To be completed by the Office of the Chief of Police		
Assigned to: _____	Date Assigned: ___/___/___	
Date Due: ___/___/___		