

Oroville Police Department

Personnel Complaint Form

Name of Complainant

Address

Phone

Date and Time of Incident/Location

Officer name and /or description

Witnesses / Others Present :

Full Name

Address

Phone

Basic Complaint:

(Complainant MUST fill out complete statement on reverse side)

Officers Side:

Date reported_____ **Date Investigation Completed**_____

Discussed with officer on this date_____

Investigation

Finding_____

Date complainant notified of finding_____

Investigated by_____