

Wynne Police Department
Internal Affairs Division
Complaint Form

DATE REPORTED: _____ TIME REPORTED: _____

REPORTING PARTY: _____ DOB:# _____

ADDRESS: _____ RES. PH# _____

TYPE OF ALLEGATION: _____ BUS. PH# _____

ALLEGATION RECEIVED BY: PHONE _____ IN PERSON _____ OTHER: _____

OFFICERS NAMED IN ALLEGATION: _____

DATE OF ALLEGATION: _____ TIME OF ALLEGATION: _____

LOCATION OF ALLEGATION: _____

WITNESSES: _____ ADDRESS: _____ PH# _____

(IF ANY): _____ ADDRESS: _____ PH# _____

COMPLAINT AFFIRMATION

I, _____ do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writing to any person(s) investigating this complaint, may subject me to civil prosecution by the accused.

I further realize that it may become necessary, during the investigation of this complaint, for me to meet with a member(s) of the Wynne Police Department to discuss this complaint; either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before these hearing may be required. I hereby agree to make myself available to aforementioned court or administrative hearing when requested to do so.

X _____
Signature of reporting party

State of _____

County of _____

Signed (or attested) before me on _____ (date)

Signature of notarial officer

My commission expires

