

NORTH POLE POLICE DEPARTMENT CITIZEN COMPLAINT FORM

The North Pole Police Department 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. Please review the "Guide to the Citizen Complaint Process" for additional information.

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:		



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Complainant's Certification: "I hereby certify that to the best of true".	my knowledge that the	ne statements made herein a	ıre
Your Signature:			-
Today's Date://	Time Now	AM OR PM?	
For Internal Use Only: To be comp	pleted by the Supervi	sor Receiving the Complain	nt
Name:	Rank:	Badge #:	
Related Incident Report Number:	Date Rep	oort Received//	
Forward original to the Office of the ***********************************			*****
For Internal Use Only: To be comp	oleted by the Office o	f the Chief of Police	
Assigned to:	D	ate Assigned://	
Date Due:/			