

HOBBS POLICE DEPARTMENT

COMPLAINT FORM

THE HOBBS POLICE DEPARTMENT TAKES ALL COMPLAINTS AGAINST IT MEMBERS SERIOUSLY. THE PUBLIC HAS A RIGHT TO EXPECT AND DEMAND FAIR AND IMPARTIAL LAW ENFORCEMENT SERVICES. IN PROVIDING THESE SERVICES, THE DEPARTMENT EMPLOYEE MUST BE FREE TO EXERCISE HIS/HER BEST JUDGEMENT AND TO INITIATE ACTION IN A REASONABLE, LAWFUL AND IMPARTIAL MANNER, WITHOUT FEAR OF REPRISAL. WHILE MUTUAL RIGHTS OF THE PUBLIC AND THE EMPLOYEE ARE NORMALLY RESPECTED, SITUATIONS MAY ARISE WHEN THESE RIGHTS ARE VIOLATED. TO PROTECT THE RIGHTS OF THE PUBLIC AND THE DEPARTMENT EMPLOYEE, IT IS NECESSARY THAT ALLEGATIONS OF POLICE MISCONDUCT BE INVESTIGATED.

PLEASE COMPLETE THE FORM AS ACCURATELY AS POSSIBLE .

THE FOLLOWING INFORMATION IS NEEDED SO WE CAN CONTACT YOU IN REGARDS TO THIS SITUATION.

PERSON FILING COMPLAINT _____

HOME ADDRESS _____ HOME PHONE _____

EMPLOYER _____ WORK PHONE _____

WHAT IS YOUR COMPLAINT?

NAME OF EMPLOYEE(S) YOUR COMPLAINT IS AGAINST

DATE AND TIME INCIDENT TOOK PLACE _____ AT _____ AM/PM

WHERE DID INCIDENT TAKE PLACE

WITNESSES TO INCIDENT:

1. NAME _____
ADDRESS _____
PLACE OF EMPLOYMENT _____
HOME PHONE _____ WORK PHONE _____

2. NAME _____
ADDRESS _____
PLACE OF EMPLOYMENT _____
HOME PHONE _____ WORK PHONE _____

BELOW PLEASE WRITE A DETAILED ACCOUNT OF THE INCIDENT.

I UNDERSTAND THAT ALL INFORMATION GIVEN BY ME IN THIS CASE IS TRUE AND CORRECT. I UNDERSTAND THAT THE ACCUSATION WILL BE INVESTIGATED BY THE MEMBERS OF THE HOBBS POLICE DEPARTMENT.

RECEIVED BY _____

DATE _____

DATE _____
(form #2-23; rev. 09-27-01)