## PARK HILLS POLICE DEPARTMENT COMPLAINT FORM

The Park Hills Police Department will investigate any reasonable allegation of misconduct by any of its members upon receipt of this form, properly executed and signed. Facilitation of prompt and accurate investigations makes the use of this form a necessary prerequisite to the investigation of a complaint. Be assured that the department does not condone misconduct by any of its members and will take appropriate action, where indicated by investigation, against any member found to be guilty of such misconduct.

PERSON MAKING	COMPLAINT					
Name				Phone (	)	
Address _						
-						
LOCATION OF O	CCURRENCE					
Date/Time						
DEPARTMENT M						
Name				Badg	e No.	
	of member(s) if I					
Race	Sex A	√ge	Hgt.	Wgt	Dress (Uniform/F	'lainclothes)
Identifying o	characteristics					
DESCRIPTION OF	F INCIDENT (inc	lude specific	allegations)			
41.						
(Use additional page	ge if necessary)					

## PARK HILLS POLICE DEPARTMENT

DESCRIPTION OF INCIDENT (Continued)
AFFIRMATION
I,
I realize that it may become necessary to the investigation of this complaint for me to meet with a member or members of the Park Hills Police Department to discuss this complaint, either in the presence or absence of the accused member(s), at the discretion of the Department. I accept the premise that if action of the City of Park Hills is a result of my complaint, my testimony before the Park Hills Council may be necessary and I hereby agree to make myself available for such proceeding if requested to do so.
Complainant's Signature Date