PINE BLUFF POLICE DEPARTMENT
3039 West 28th
Pine Bluff, AR 71603
(870) 850-2414 fax (870) 850-2423
OFFICE OF PROFESSIONAL STANDARDS COMPLAINT FORM

Date & Time of Incident:_____Location:_____ _____

Person complaining:_____ Sex:_____ DOB:_____

Address:_____ City:_____ State:_____ Zip:_____

Telephone: (Home)_____ (Work)_____(Cell)_____

Type of complaint: Personnel Misconduct_____ Quality of Service_____ Excessive Force_____

Name of employee(s)/officer(s) involved (if known):
_____

DESCRIPTION OF COMPLAINT (as detailed as possible):
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Continue on next page

_____ _____
Signature of Complainant Signature of Supervisor Receiving Complaint
Case Number____-_____ Date_____/_____/_____

While encouraging the filing of legitimate complaints against employees as means by which they can be held accountable to the public, the PBPD simultaneously seeks to hold members of the public responsible for the filing of false allegations against department employees. In cases of this nature, the complainant will be informed that appropriate legal proceedings, whether criminal or civil, may be initiated by the department.

DESCRIPTION OF COMPLAINT CONTINUED:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Attach additional pages or statements if necessary

Complainant's Witness Information

Name	Address	Telephone	Relationship

OBSERVATIONS OF SUPERVISOR FILLING OUT COMPLAINT FORM:
(Is complainant abusive, thought to be under the influence of drugs or alcohol, dissatisfied about a citation or arrest, etc...)

_____
_____
_____
_____
_____
_____

***SUPERVISORS-FORWARD COMPLETE FORMS TO THE CHIEF OF POLICE**