



# POLICE BLUFF POLICE DEPARTMENT

3039 West 28<sup>th</sup>

Pine Bluff, AR 71603

(870) 850-2414 fax (870) 850-2425



## 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

Type of employee(s)/officer(s) involved (if known):

\_\_\_\_\_

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

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\_\_\_\_\_  
**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 employee 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

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Attach additional pages of statements if necessary

Complainants Witness Information

Name	Address	Telephone	Relationship

\*SUPERVISORS-FORWARD COMPLETE FORMS TO THE CHIEF OF POLICE AND ANY SUPPLEMENTAL REPORTS/MEMORANDUMS

DESCRIPTION OF COMPLAINT CONTINUED:

A series of horizontal lines provided for writing a description of the complaint.