

Everman Police Department



Commendation/Complaint Form

Please provide the following information if you wish to commend or express your concerns about the actions of an Everman Police Officer.

YOUR NAME _____

YOUR ADDRESS _____

DATE/TIME/LOCATION OF ENCOUNTER _____

OFFICER'S NAME & ID _____

DESCRIBE ENCOUNTER:

You have the right to make a complaint against any employee for improper conduct. The Everman Police Department will conduct a thorough investigation and you will be notified of the outcome of the investigation. If allegations against the officer / employee(s) are sustained, the Everman Police Department cannot release to you any type of disciplinary action taken. The investigation may also conclude that the officer / employee(s) acted properly or that there is not enough information to prove or disprove the allegations.

I understand that this statement of complaint will be submitted to the Everman Police Department and will serve as a basis for an internal investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding if necessary. I also understand that any intentional false statements herein attested to by me, may be cause for criminal and/or civil proceedings against me.

Printed Name

Date

Signature

Witness

Witness