



Round Valley Police Department

"Respect for Our Past, Confidence in Our Future."



Chief Dayson Merrill



CITIZEN COMPLAINT

If you wish to make a complaint about the actions of a police department employee or about any aspect of police operations, please document your written complaint on this form. This form asks you to identify yourself and then to give specific details about your complaint. You may add additional pages or documents, if needed.

Your complaint will be directed to the Chief of Police and investigated. You may be contacted and asked additional questions about your complaint. At the conclusion of the investigation, you will be sent a letter regarding the outcome and disposition of the complaint.

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

Name of Complainant: _____

Best Contact Number: (_____) _____

Date and time of incident: _____

Location of incident: _____

Name of officer(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Name: _____ Badge/ ID#: _____

Rank or Position: _____

Vehicle (if applicable):

Name(s)/address/phone number or other identifying information concerning witness:

Statement of allegation: (please attach additional documentation, if needed)

I understand that this statement of complaint will be submitted to the Round Valley Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulation of the police department, the officer against whom this complaint is filed may be entitled to request a hearing before a personnel appeals board. By signing and filing this complaint, I hereby agree to appear before a personnel appeals board, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

_____ Check if complainant refused to sign

Please return completed complaint via email, mail or drop off at our Police Department.

~~~~~ Department Use Below ~~~~~

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_\_\_  
Date and Time Received

\_\_\_\_\_  
Personnel Assigned Complaint

\_\_\_\_\_  
Date and Time Assigned