Print Form

Professional Standards No.

ARIZONA DEPARTMENT OF PUBLIC SAFETY
COMPLAINT ACCEPTANCE REPORT

☐ INTERNAL ☐ EXTERNAL

EMPLOYEE NAME (SUBJECT OF COMPLAINT) OR: ☐ UNKNOWN	CLASSIFICATION	BADGE NO.	LOCATION	PHONE NO.	CELL/ALTERNATE PHONE NO.

COMPLAINANT NAME OR: ☐ UNKNOWN	ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NO.	CELL/ALTERNATE PHONE NO.	OTHER CONTACT INFORMATION, EMAIL, ETC

OPTIONAL

ETHNICITY OR NATIONAL ORIGIN:

☐ ASIAN OR PACIFIC ISLANDER ☐ BLACK ☐ HISPANIC ☐ MIDDLE EASTERN
☐ NATIVE AMERICAN ☐ WHITE ☐ UNKNOWN

SEX

☐ MALE
☐ FEMALE

DATE OF BIRTH (MM-DD-YYYY)

COMPLAINANT'S EMPLOYER	BUSINESS ADDRESS	PHONE NO.
WITNESS NAME	HOME ADDRESS	PHONE NO.
WITNESS NAME	HOME ADDRESS	PHONE NO.

DATE OF INCIDENT	TIME OF INCIDENT	INCIDENT LOCATION
DATE REPORTED	TIME REPORTED	METHOD COMPLAINT FILED ☐ TELEPHONE ☐ MAIL ☐ IN PERSON ☐ OTHER, SPECIFY:

REPORT TAKEN BY (NAME)	CLASSIFICATION	BADGE NO.	PHONE NO.	DISTRICT/SECTION

DETAILS OF COMPLAINT: (List all allegations - be specific; list other employees involved, badge numbers, classifications and vehicle descriptions; list other complainant's names, address and phone numbers including area codes.)

(continued on the back) -->

COMPLAINANT'S SIGNATURE

By signing below I attest that the information submitted on this form is accurate and true to the best of my knowledge and that I have filed the complaint of my own free will and accord.

COMPLAINANT'S SIGNATURE DATE

 CONFIDENTIAL INFORMATION - DO NOT REPRODUCE ANY PORTION OF THIS REPORT

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DETAILS OF COMPLAINT (CONTINUED)

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