Spencer Police Department
Complaint Control Form

Incident Case #:	Type of Complaint Bias Conduct Alleged: Yes☐; No☐	Original to: Lieutenant **Copy** to: Complainant **Copy** to: *Division of Police Standards* (POST)

Date of Complaint	Time of Complaint	Day:	How Complaint Was Received	☐In Person ☐Mail ☐Email ☐Telephone ☐Other ☐Online ☐POST(DPS)
Date of Occurrence	Time of Occurrence	Day:	Location of Incident (#, Street, City)	
Complainant (last, first, M)			Address (#, Street, City, St, & Zip Code)	

Phone: (Home) (Work)	Sex: ☐Male ☐Female	Race	Age	D.O.B.	Married: ☐Yes ☐No

Result of: ☐Parking Complaint ☐Arrest Traffic Citation☐ ☐Injury ☐Field Interrogation Other☐	Signature of Complainant if Complaint Resolved at Time of Complaint: _____	Date:

Narrative:

(continue on reverse if necessary)

WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to $500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a FALSE REPORT of a crime on this form.

Complainant Should Sign Here and at End of Narrative:_____

Complainant's Parent or Guardian if Complainant is under (<18) Eighteen:_____

(1.) Name of Employee Complained Against:				Badge No. / Employee ID No.		POST-C Certification Identification No.	
Sex: ☐Male ☐Female	Race:	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(2.) Name of Employee Complained Against:				Badge No. / Employee ID No.		POST-C Certification Identification No.	
Sex: ☐Male ☐Female	Race:	D.O.B. / Age	Height	Weight	Build	Hair	Eyes

(1.) Name of Witness:		Address			
Phone	Sex: ☐Male ☐Female	Race	Age	D.O.B	Married: ☐Yes ☐No
(2) Name of Witness:		Address			
Phone	Sex: ☐Male ☐Female	Race	Age	D.O.B	Married: ☐Yes ☐No

Signature of Officer Receiving Complaint	I.D. No.	Tour of Duty
Superior Assigned to Investigate Complaint	I.D. No.	

Lieutenant Notified: ☐Yes ☐No	Notified by:	Time	Date