COLUMBIA POLICE DEPARTMENT
800 Westover Dr.
Columbia, TN 38401
(931) 380-2720

Control # : _____

CITIZEN'S COMPLAINT FORM

The Columbia Police Department requires that complaints be written, when possible. We provide this form with the understanding that you authorize this department to conduct an investigation to determine if a violation of law or departmental rules and regulations occurred. COMPLETE AND DETAILED information will speed action on your complaint.

PLEASE PRINT OR TYPE

_____ _____
Name of Complainant Street Address

_____ _____/_____/_____ (_____)_____
City, State, Zip Code Date of Birth Phone Number

Date and time incident occurred? _____/_____/_____ _____:_____ ☐ AM ☐ PM

Who is the employee that your complaint is against? _____
Employee's Name

Have you talked with the employee's supervisor? ☐ Yes ☐ No

Have you talked with an attorney in this matter? ☐ Yes ☐ No

If so, name and phone number of the attorney. _____

Complainant Witnesses:

NAME	ADDRESS	PHONE

Please fill out a statement on the back or second page of this form, describe the nature of your complaint.

******** TO BE FILLED OUT BY DEPARTMENT PERSONNEL ********

Employee receiving complaint: _____ Badge # : _____

Date received: _____/_____/_____ Time received : _____:_____ ☐ AM ☐ PM

Signature of Employee: _____

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AFFIDAVIT

Describe, as detailed as possible, the nature of your complaint, person(s) involved, witnesses, witnesses' telephone number, addresses, location of occurrence, approximate time of occurrence, etc. (if additional space is needed, please use an additional sheet and attach to this form).

I do hereby swear or affirm that the factual allegation(s) made by me in this complaint is true to the best of my knowledge and belief and based upon fact. I authorize the Columbia Police Department to use the information given in any manner deemed necessary and proper to conduct and conclude its investigation.

Signature of Complainant: _____ Date: _____/_____/_____

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*****FOR DEPARTMENTAL USE ONLY*****

Supervisor investigating complaint: _____

Badge #: _____ Date: _____/_____/_____

Conclusions of Supervisors Investigation: ☐ *See attached supervisors report*

(Supervisors findings) Complaint found to be: (check all that apply)

☐ Substantiated ☐ Not Substantiated ☐ Exonerated ☐ Unfounded
☐ Resolved with complainant ☐ Policy and Procedure Complaint
☐ Incomplete Investigation ☐ Recommend Further Investigation

Signature of Supervisor: _____

Complaint assigned to Detective Division for Internal Investigation: ☐ Yes ☐ No

Assigned for Internal Investigation by: _____ Badge #: _____
Print

Investigator assigned to investigation: _____ Badge #: _____
Print

CITIZEN'S COMPLAINT FORM

*****FOR DEPARTMENTAL USE ONLY*****

Investigator assigned complaint: _____

Badge #: _____ Date: _____/_____/_____

Conclusions of Internal Investigation: ☐ *See attached supplement report*

(Investigators findings) Complaint found to be: (check all that apply)

☐ Substantiated ☐ Not Substantiated ☐ Exonerated ☐ Unfounded
☐ Resolved with complainant ☐ Policy and Procedure Complaint
☐ Incomplete Investigation ☐ Recommend Further Investigation

Signature of Investigator: _____

Approved by Chief of Police: _____