

FILING A COMPLAINT AGAINST A COLUMBIA POLICE DEPARTMENT EMPLOYEE

Who can make a complaint?

The Columbia Police Department's policy is to investigate all complaints against the department or its employees. Complaints will be accepted from an individual whether in person, by mail, or by telephone, this ensures the integrity of the department and protects the rights and interest of both citizens and departmental employees.

The Complaint Process:

- By going to Police Headquarters and asking to speak with a supervisor.
- By contacting the Asst. Chief of Police's Office at (931) 380-2716.
- By writing a letter to the Asst. Chief of Police
Columbia Police Department
800 Westover Drive
Columbia, TN 38401
- By completing a Citizens Complaint Form. The form is available at Police Headquarters or by mail if requested.

Please include as much of the following information as you can remember when filing a complaint:

- Date, time, and location of the incident.
- Name(s) and badge number(s) of the member(s) involved.
- Names, addresses, and telephone numbers of any witnesses.
- Circumstances of the incident.

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: _____

