Branson Police Department

Initial Complaint Form

Service ** Integrity ** Accountability

The Branson Police Department holds all employees accountable for all actions, accepts and thoroughly investigates citizen complaints and allegations of employee misconduct. The Department expects members of the public to remain truthful and will seek to hold the public accountable for filing false allegations against Department employees.

		Inquiry	
Complainant	Complaint Initiation	Internal	External
	By Phone		

Date of Birth	Race	Sex	Ethnicity	Age	Email		BR Report Number
					Letter		

Complainant's Address	Phone Number
	Email

Complaint Location	Complaint Date	Complaint Time

	Vehicle Crash		Citation		Arrest		Force Applied		Injured	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Witness	Witness Address/Phone
Witness	Witness Address/Phone
Witness	Witness Address/Phone
Involved employee	Involved employee
Involved employee	Involved employee

Complainant Signature	Date	Time
Parent/Guardian Signature (if under 18)	Date	Time

For Internal Use Only

Complaint Initiated	Date	Time	Complaint Number	
Accepting Supervisor			Date	Time
Investigating Supervisor			Date	Time
Alleged policy violation				

Investigative Findings	Sustained	Unfounded	Exonerated	Not Sustained

Supervisor Title	Chain of Command Review Signatures	Concur/Disagree	Date/Time

Please document the nature of the complaint in chronological order including details specific to the alleged complaint and employee behavior. Include the identifty of all involved parties, witnesses, Branson Police employees and any and all supporting documents as required to completely describe the events as you remember them to be.

Nature of Complaint:

I HEREBY AFFIRM THE FACTS CONTAINED HEREIN ARE TRUE AND CORECT AND I FURTHER
UNDERSTAND ANY FALSE STATEMENTS MAY BE PUNISHABLE BY LAW

Complainant (Please print)	Date	Time
Complainant Signature	Date	Time