I.A. # _____

BIXBY POLICE DEPARTMENT
FORMAL PERSONNEL COMPLAINT FORM

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE# _____ CELL PHONE# _____

DATE / TIME OF ALLEGED INCIDENT: _____

WITNESSES (Please provide name, address, and all phone numbers for all witnesses):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FACTS OF COMPLAINT (Describe in detail the nature of the incident, giving specific details to include what actions were taken and what statements were made and by whom):

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I.A. # _____

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Printed Name of Complaining Party Signature of Complaining Party

Additional pages of complaint attached for a total of _____ pages.

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Subscribed and sworn before me this ____ day of _____ 20___

Commission Number: _____ Expires: _____ SEAL

Signature of Notary: _____