

**SEDONA POLICE DEPARTMENT
Personnel Complaint Form**

Department Use Only Tracking Number

* You have the right to remain anonymous. Consider providing some information
for an Investigator to contact you for follow-up questions.

Complainant:

Name	DOB	Age	Gender	Race
Home Address		City	State	ZIP
Business Address		City	State	ZIP
Telephone Number	Email Address		Date Complaint Received	

Employee:

Name	Badge #	Gender	Race
Uniform Type	Vehicle Description	Vehicle Number	

Incident Details:

Incident Date	Incident Time	Location (Address or Intersection)
Summary of Incident: <i>Provide witnesses, locations address, businesses, available photos and videos, etc.</i>		
I have attached _____ more pages to this form.		

Mandatory Notice (38-1117 ARS)

Pursuant to Section 13-2907.01, Arizona Revised Statutes, it is a Class-1 Misdemeanor to knowingly make to a law enforcement agency a false, fraudulent, or unfounded report or statement or to knowingly misrepresent a fact for the purpose of interfering with the orderly operation of a law enforcement agency or misleading a peace officer.

I have read and understand this notice. Signature: _____

Department Use Only:		
Accepting Employee Name and Badge #	Accepting Supervisor Name & Badge #	Date and Time

Assigned To:	Assigned By:	Date:	Page __ of __
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