

**FORT SMITH POLICE DEPARTMENT**  
 OFFICE OF PROFESSIONAL STANDARDS  
**CITIZEN COMPLAINT FORM**

CONTROL NUMBER:	ADMINISTRATIVE INQUIRY <input type="checkbox"/>	
	MISCONDUCT BY PERSONNEL <input type="checkbox"/>	
TYPE OF COMPLAINT:	QUALITY OF SERVICE <input type="checkbox"/>	

Today's Date:	Time Reported:	Date Occurred:	Time:	
Name of Complaining Person:		Street Address:	Race:	
City:		State and Zip:	Sex:	
Home Phone:	Business Phone:	Place of Employment:	Age:	D.O.B.
Witness #1:		Home Phone:	Business Phone:	
Witness #2:		Home Phone:	Business Phone:	

Name of Personnel (if known)

Write a description of the complaint (use as much detail as possible):

**Complainant's Affirmation**

**I do solemnly swear that the above information is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that if the investigation proves the allegations were known by me to have been false when the complaint was signed that I may be subject to criminal and civil actions against me.**

_____ Signature of Complainant	_____ Signature of Supervisor
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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public, State of Arkansas

My Commission Expires \_\_\_\_\_