



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):

I.A. # _____

Multiple horizontal lines for writing the complaint text.

Printed Name of Complainant Party

Signature of Complainant Party

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

.....

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

Commission Number: _____ Expires: _____

SEAL

Signature of Notary: _____