

HASTINGS POLICE DEPARTMENT PERSONNEL COMMENDATION AND COMPLAINT FORM

Type of Information (Circle)

Commendation

Complaint

Citizen's Name (last, first, MI)			Address				City/State		Zip
Residence Phone	Business Phone	Sex	Race	Ht	Wt	Date of Birth	Driver's License #		
Location of Occurrence		Date/Time Occurred		Date/Time Reported		How Reported			
						<input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Letter			
Employee Name (last, first, MI)			Title		Badge No.		Duty Status		
Case # or citation #.		Arrested		Injured		Employee Injured			
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Witnesses (full names, addresses, phone numbers):									
2. Additional police employees involved:									
4. Summary of complaint (comprehensive reports, statements, photos, etc. will be filed with this complaint form. This is an incident summary only.)									
Complainant's Signature			Date		Assigned To		Date		