



## CITIZEN COMPLAINT FORM

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

INVOLVED EMPLOYEE(S) NAME \_\_\_\_\_ ID# \_\_\_\_\_

NAME \_\_\_\_\_ ID# \_\_\_\_\_

DESCRIPTION IF NAME IS UNKNOWN \_\_\_\_\_

LOCATION OF OCCURRENCE \_\_\_\_\_

DATE OF OCCURRENCE \_\_\_\_\_ TIME \_\_\_\_\_

DESCRIPTION OF EVENT (USE ADDITIONAL PAGES AS NECESSARY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You have the right to make a complaint against an employee or volunteer for any improper conduct. We will follow our internal policy on "Personnel Complaints". You have a right to a written description of our complaint procedure. This agency may find after investigation that there is not enough evidence to warrant action on your complaint; even if that is the case, you have the right to make the complaint and have it investigated if you believe one of our members behaved improperly.

I have read and understand the above statement, and have presented true and accurate facts.

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### OFFICE USE ONLY

WLFEA EMPLOYEE RECEIVING COMPLAINT \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ COPY OF COMPLAINT GIVEN TO COMPLAINANT: YES NO