NORTH LIBERTY POLICE COMPLAINT FORM

Complainant's Name		DATE
Address:		
Phone (home)	(work)	(cell)
Place of Work		Occupation
Age Sex Bes	st way to contact yo	ou
DATE OF INCIDENTLOCATION OF INCIDENTEMPLOYEE(S) INVOLVED IN INCIDENT (IF		
Witnesses to incident: (name, address, page 1.		
2		
physical descriptors, badge numbers, etc.	·	
		(Continue on other side)
STA 718.6 False Reports to Law Enforcement A person who reports or causes to law enforcement authority, know alleged occurrence of a criminal ad misdemeanor.	be reported false i ing that the informa ct knowing the sam	nformation to a fire department or ation is false, or who reports the e did not occur, commits a
SIGNATURE	DATE	TIME
Subscribed and sworn to before me on the	his day of	, 20

(Continued from front)
I understand the department's policy that complaints need to be made in a timely mann namely 10 working days from the date of the incident unless extenuating circumstances arise, to gather evidence and contact possible witnesses. If this complaint is made with the timeline you will be notified by the Chief of Police with the disposition of the
complaint. The North Liberty Police Department dispositions are:
<u>Unfounded</u> - allegations is false or not factual
<u>Sustained</u> - enough evidence to prove allegations <u>Not sustained</u> -not enough evidence to prove or disprove the allegations
Exonerated – incident happened but employee's actions were lawful and proper
<u>Sustained/Other</u> – investigation revealed other misconduct by employee found not reported by complainan <u>Policy Failure</u> - incident happened and were proper with current policy, however department will review pol
I request the following measures of relief be granted or corrective action taken by the
North Liberty Police Department.