



**TOWN OF SMYRNA
DEPARTMENT OF POLICE
COMPLAINT OF MISCONDUCT**

Instructions: Please complete this form with as much detail as possible and return to the supervisor on duty.

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ ALTERNATE PHONE _____

EMPLOYEE(S) INVOLVED: (include names, badge number, and/or descriptions)

LOCATION OF INCIDENT: _____

DATE & TIME OF INCIDENT: _____

NATURE OF COMPLAINT: (Please explain your complaint; include names and contact information of witnesses. Attach additional pages if necessary.)

THE UNDERSIGNED HEREBY VERIFIES THAT THE STATEMENTS MADE IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF DE CODE T11/1233 RELATING TO MAKING A FALSE WRITTEN STATEMENT.

Date _____ **Signature** _____

Employee receiving complaint: _____ Date & Time: _____