

**AUBURN POLICE DEPARTMENT
AGENCY/PERSONNEL COMPLAINT FORM**

The information requested in the block below is optional



Name:

Address:

Home Telephone Number:

Work Telephone Number:

Please describe your complaint in detail, below.



Date and Time of Alleged Complaint:

Place of Alleged Complaint:

Are you a victim or witness of Incident:

Police Employee involved in Complaint:

Nature of Complaint (Please continue of reverse side if needed):

Please give name, address and telephone number of any witnesses:

For Police Department Use Only



Signature/ID# of APO Personnel Accepting Complaint Form:

Action Taken on Complaint to Date: