

**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:**