



CITY OF SUNLAND PARK COMPLAINT FORM

Office Use Only

Received by: _____

Date: _____

Time: _____

Name of complainant: _____ Date of Complaint: _____

Contact Number: _____ Email: _____

DETAILS REGARDING COMPLAINT

WHEN: Date of incident: _____ Time: _____

WHERE: Location of incident: _____

WHAT HAPPEN?

Please list any witnesses or evidence.

YOUR RECOMMENDATION TO PREVENT OR SOLVE PROBLEM:

OFFICE USE ONLY

Complaint forward to: _____ Incident No. _____

Department: _____ Date: _____ Time: _____

Method of notification (Circle one): HAND-DELIVERED VERBAL EMAILED TEXTED OTHER

Action taken (Please attach supplemental report providing details of investigation, and any other findings in this case)

Date case was closed/resolved: _____ Supplemental Report attached