

MIAMI POLICE DEPARTMENT
 129 5th Ave. NW
 MIAMI, OKLAHOMA 74354
 (918) 542-5585
 www.miamiokla.net
PERSONNEL COMPLAINT FORM

DATE	COMPLAINT NO.
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COMPLAINANT Last Name	First Name	M.I.
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RACE	SEX	D.O.B.	S.S.#
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ADDRESS Street	City	State	Zip
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HOME TELEPHONE	BUSINESS TELEPHONE	EMPLOYER
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RECEIVED

IN PERSON TELEPHONE LETTER OTHER

DATE OF INCIDENT	TIME OF INCIDENT
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LOCATION OF INCIDENT

NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT, IF KNOWN:

1. _____ RACE/SEX _____	2. _____ RACE/SEX _____
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DOB _____ DOE _____ DIV _____ SFT _____	DOB _____ DOE _____ DIV _____ SFT _____
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3. _____ RACE/SEX _____	4. _____ RACE/SEX _____
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DOB _____ DOE _____ DIV _____ SFT _____	DOB _____ DOE _____ DIV _____ SFT _____
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ON-DUTY OFF-DUTY LAW ENFORCEMENT RELATED EMPLOYEE PERSONAL CONDUCT

PRINT SUMMARY OF OCCURRENCE OF WHICH YOU ARE COMPLAINING:

(USE OTHER SIDE)

<p style="text-align: center;">PLEASE READ BEFORE SIGNING</p> <p>I understand that it is a violation to willfully make a false report. In the event this report is proven false, the information may be provided to the District Attorney for possible prosecution.</p>	<p style="text-align: center;">SIGNATURE OF COMPLAINANT</p>
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OFFICER	SOMS ID	PLACE TAKEN	DATE _____ <input type="radio"/> A.M. <input type="radio"/> P.M.
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A COMPLAINT MAY BE TAKEN TO ANY OFFICER.
 THE PERSON TAKING THIS REPORT WILL FORWARD TO THE CHIEF

