

# BOONVILLE POLICE DEPARTMENT – CITIZEN COMPLAINT FORM

Complainant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_  
Street Address City State

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Officer / Employee: \_\_\_\_\_  
\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Witness: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

Witness: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

Witness: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

Witness: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE #)

Nature of Complaint: (To be completed by complainant, however if necessary the officer will complete the form, read it back to the complainant and both will sign)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Injured: Yes or No. (If yes describe the injury, any use of force by the officer(s) and any medical treatment you received)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officer taking complaint: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
(Print Name and Rank)

Any Action taken by the officer or recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I am satisfied with the resolution of my complaint at this stage and do not desire to be contacted.

☐ I wish to be contacted. (You may expect to be contacted within three to five business days.) If you have not been contacted, you may call;

- The office of the Chief of Police at 660-882-2727

## MEMORANDUM OF UNDERSTANDING

It shall be the policy of the Boonville Police Department that citizens are welcome to voice their concerns including the lodging of a complaint against officers/employees.

Any issue of criminal, traffic, or civil law relating to the complainant will be handled by the appropriate Court of Law. The Boonville Police Department will only address issues concerning officer/employee conduct or misconduct.

I, \_\_\_\_\_, do solemnly swear/affirm, that the information contained herein is accurate and true to the best of my knowledge. Further, I acknowledge receipt of a copy of this document. I further understand that any person who knowingly reports false information to the police is subject to arrest and prosecution.

Complainant's Signature: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_  
(Officer taking this Report)

Date: \_\_\_\_\_

Time: \_\_\_\_\_