Truro Police Department

Complaint Control Form

Complaint #: (Assigned by IAU)	Type of Complaint Bias Conduct Alleged: Yes__; No__	

Date of Complaint	Time of Complaint	Day:	How Complaint Was Received	__In Person __Mail __Email __Telephone __Other __Online __POST(DPS)
Date of Occurrence	Time of Occurrence	Day:	Location of Incident (#, Street, City)	

Complainant (last, first, M)	Address (#, Street, City, St, & Zip Code)

Phone: (Home) (Work)	Sex: __Male __Female	Race	Age	D.O.B.	Married: __Yes __No

Result of: __Parking Complaint __Arrest Traffic Citation__ __Injury __Field Interrogation Other___	Signature of Complainant if Complaint Resolved at Time of Complaint: _____	Date:

Narrative:

(continue on reverse if necessary)

Complainant Should Sign at End of Narrative:_____

Complainant's Parent or Guardian if Complainant is under (<18) Eighteen:_____

(1.) Name of Employee Complained Against:	Badge No. / Employee ID No.	**POST-C Certification Identification No.**

Sex: __Male __Female	Race: __W; __B __A; __M; __H: __I: __O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes

(2.) Name of Employee Complained Against:	Badge No. / Employee ID No.	**POST-C Certification Identification No.**

Sex: __Male __Female	Race: __W; __B __A; __M; __H: __I: __O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes

(1.) Name of Witness:	Address

Phone	Sex: __Male __Female	Race	Age	D.O.B	Married: __Yes __No

(2) Name of Witness:	Address

Phone	Sex: __Male __Female	Race	Age	D.O.B	Married: __Yes __No

Signature of Supervisor Receiving Complaint	I.D. No.	Tour of Duty

Superior Officer Assigned to Investigate Complaint	I.D. No.

Internal Affairs Unit Notified: __Yes __No	Notified by:	Time	Date

Form:2-5-1