

IDAHO STATE POLICE

700 South Stratford Drive · Meridian, Idaho 83642 Phone (208) 884-7000 · Fax (208) 884-7290

> I wish to file a (please check one): Complaint ☐ Suggestion

Ι	NFORMATION ABOUT YOU
Last Name:	
First Name:	Middle Initial:
Address:	
City:	State: Zip:
Home Phone:	Work Phone:
Msg. Phone:	
E-Mail Address:	
INFOR	MATION ABOUT THE INCIDENT
Location of Incid	lent:
Date of Incident:	
	Incident:
Officer(s)/Emplo	yee(s) Involved (names(s) and/or
description):	• • • • • • • • • • • • • • • • • • • •
Case/Report/Cita	tion Number: (if known)
Case/Report/Cita	tion Number: (if known)
WI	TNESSES/OTHERS INVOLVED
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WI' Last Name:	TNESSES/OTHERS INVOLVED Use additional paper if necessary
WI' Last Name: First Name:	TNESSES/OTHERS INVOLVED
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WI' Last Name: First Name: Address: City:	TNESSES/OTHERS INVOLVED Use additional paper if necessary Middle Initial: State: Zip:
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STATEMENT/DESCRIPTION OF INCIDENT Use additional paper if necessary

Use additional paper if necessary
Please describe the incident in detail:
(You may use additional sheets or submit a separate written statement)
DESIRED OUTCOME
BESINES OF LOWIE
Please specify what outcome you are seeking:
The Importance of Your Complaint
The complaint process is designed to deal with each case
factually and fairly. Persons filing complaints are treated respectfully and accusations against employees are taken
seriously. All complaints are investigated thoroughly and all
findings are based on the evidence gained during the
investigation. However, if it is determined that you have
knowingly made a false accusation against an employee, the
Idaho State Police may consider seeking criminal prosecution,
and the employee has the right to pursue civil litigation against their accuser.
and accuser.
I certify that the foregoing information is true to the best of my knowledge:
PRINT NAME:
CICNIA TRUDE
Your signature (or parent/guardian if Complainant is under 18)
DATE:

EH 03 02-01 rev. 10/09