

**DYERSBURG POLICE DEPARTMENT**  
**EMPLOYEE COMPLAINT REPORT**

DATE REPORTED \_\_\_\_\_ TIME REPORTED \_\_\_\_\_

ALLEGATION OF \_\_\_\_\_

MANNER COMPLAINT TAKEN:    ( ) IN PERSON            ( ) TELEPHONE    ( ) OTHER

Police Personnel 1. \_\_\_\_\_ 2. \_\_\_\_\_

Allegations:

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Code:            C= Complainant            W= Witness            O= Other  
Code: \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

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Code: \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

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Code: \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

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Narrative of Alleged Incident:

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It is preferred that the complainant complete a written statement of the facts. If the complainant refuses, then the Supervisor receiving the complaint shall write a brief summary of the allegations.

**NOTICE: IF THE INVESTIGATION DISCLOSES THE COMPLAINT TO BE FALSE OR MALICIOUS, YOU MAY BE SUBJECT TO BOTH CRIMINAL AND CIVIL PROSECUTION, ACCORDING TO THE LAW.**

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_  
OFFICER RECEIVING COMPLAINT(S)

_____	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Commander of Operations	Further Action Required		Supervisory Recommendation		Internal Affairs Recommendation	
_____	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Division Commander	Further Action Required		Supervisory Recommendation		Internal Affairs Recommendation	
_____	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>		
Chief of Police	Forwarded to Shift Supervisor		Forwarded to Internal Affairs			

**\*\*\*A copy of this form must be forwarded to Internal Affairs Division and the PEWS Custodian\*\*\***