

LONE PEAK PUBLIC SAFETY DISTRICT

POLICE DEPARTMENT

"Serving the communities of Highland and Alpine"

Citizen's Complaint Form

Name:		Age:	Date of Birth:
Address:		City/State/Zip:	
			Today's Date:
	Involved: - (List Name, Address, Ph		
Please describe	what occurred at the time	of the incident: (you will be contac	ted within 24 hours upon receipt of complaint by a supervisor)
		Signature:	
		(Use	e back of sheet if necessary)

Continued:	
	Initials:

For Official Use Only (must be completed and attached to each complaint form) Complaint Received By: Complaint Received On: Complaint Assigned To: Complainant initially contacted (within 24 hours) Date & Time Complainant advised of assigned investigator (within 3 days) Investigation Completed On: Investigation Completed By: (See attached documents for disposition)