Augusta Department of Public Safety
Complaint Form

1. Please complete this form then contact the Special Services Division at 316-775-4500. Office hours are Monday-Friday 9:00 am – 5:00 pm. Voicemail is available 24 hours a day, seven-days-a-week.
2. Once the complaint is received it will be assigned to a supervisor or to an investigator. The assigned Officer will make contact with you to schedule an interview. Efforts will be made to accommodate any and all citizens with particular needs or concerns.
3. If desired, you may bring a personal representative or associate with you to the interview.
4. At the conclusion of the investigation process, you will receive a letter from the Director of Public Safety explaining the results of the investigation.

I AM COMPLETING THIS FORM ON:

DATE: _____ TIME: _____

NAME: _____
Print (Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

INCIDENT OCCURRED ON:

DAY: _____ DATE: _____ TIME: _____

LOCATION: _____

WITNESSES TO THIS INCIDENT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

EMPLOYEE INVOLVED:

NAME: _____

NAME: _____

GUILT OR INNOCENE OF ANY CRIMINAL CHARGE YOU MAY BE FACING WILL NOT BE DETERMINED BY THIS INVESTIGATION. YOU ARE STILL REQUIRED TO ATTEND ANY SCHEDULED COURT APPEARANCE RELATED TO ANY AND ALL CRIMINAL CHARGES.

Describe what happened. If you need more space for your description, or list of names you may attach additional sheets of paper.

Signature: _____ **Date:** _____

PRINT