SELIGMAN POLICE DEPARTMENT
EMPLOYEE COMPLAINT FORM

Officer/Employee Information

Officer Name:	Badge #:
Description (If name not known):	

Complainant's Information

Name:	DOB:	SSN:
Address:		Phone #:
City:	State:	Zip:

Incident Information

Date/Time of Incident:	Location:
Are you willing to cooperate with an investigator and testify in court (if criminal) if needed? :	
Witness:	Phone #:
Witness:	Phone #:

Please give a detailed account of the situation and events outlining this complaint. An investigator may need to contact you for follow up information.

I hereby swear, aver, or affirm that the information contained in this complaint are true and accurate to the best of my knowledge. I further understand any false information or statements made in this complaint may be punishable by law.

Printed Name: _____ Signature: _____Date:_____

For Office Use Only

Received by:_____ Date/Time:_____

Under Missouri Revised Statute 590.502, “All records complied as a result of any investigation subject to the provisions of this section shall be held confidential and shall not be subject to disclosure under chapter 610, except by lawful subpoena or court order, by release approved by the officer or as provided in section 590.070.”