

**LITTLE ROCK POLICE DEPARTMENT
MEMBER-OF-THE-PUBLIC COMPLAINT FORM**

COMPLAINANT INFORMATION

Name		Date of Birth	
Address			
Home Phone	Mobile Phone	Work Phone	Other Phone
Employer		Employer Address	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	EHTNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown	

INCIDENT INFORMATION

Date of Occurrence	Time of Occurrence	Location of Occurrence	District

BRIEF DESCRIPTION OF COMPLAINT

INVOLVED EMPLOYEES

Name	Division	Position	Supervisor

WITNESSES

Name	Address	Relationship	Phone

OBSERVATIONS *(Supervisor filling out complaint form, note complainant's demeanor—abusive/polite, thought to be under the influence of drugs or alcohol/sober, emotionally and/or mentally upset/calm, etc.)*

Date Complaint Taken	Time Complaint Taken
Signature of Complainant	Name of Employee Receiving Complaint
Case #	Signature of Employee Receiving Complaint