



**CITY OF SUNLAND PARK
COMPLAINT FORM**

Office Use Only

Received by: _____
Date: _____
Time: _____

Name of complainant: _____ Date of Complaint: _____

Contact Number: _____ Email: _____

Address: _____

Date of incident: _____ Time: _____

Location of incident: _____

Give the name of the person you first reported the complaint to:

Describe in detail and accurately the nature of your complaint:

Please list any witnesses or evidence:

Describe what actions can be taken in order to deal effectively with your complaint:

Describe what measures can be taken to avoid a repeat of your complaint:

Signature of complainant: _____ Date: _____

OFFICE USE ONLY

Complaint forward to: _____ Incident No. _____

Department: _____ Date: _____ Time: _____

Method of notification (Circle one): HAND-DELIVERED VERBAL EMAILED TEXTED OTHER

Action taken (Please attach supplemental report providing details of investigation, and any other findings in this case)

Date case was closed/resolved: _____ Supplemental Report attached