



Los Alamos Police Department

Allegation/Compliment Report

Compliment Complaint
 (PD) Administration (PD) Operations (PD) Dispatch (PD) Detention (PD) Animal Shelter

Date/Time Reported: _____ How Received: Telephone In Person Other
 Name: _____ Address: _____
 City/State/Zip: _____ Home Phone: _____ Work Phone: _____
 Date of Incident: _____ Time of Incident: _____ Assignment: _____
 Location of Incident: _____
 Name of Employee(s) Involved: _____

1. Details of complaint as stated by the complainant (Attach additional sheets of paper if needed):

2. Interviewer's Remarks (Attach additional sheets of paper if needed):

Witnesses (Employee or Citizen): _____

Name: _____ Address: _____ Phone: _____ Phone: _____

Name: _____ Address: _____ Phone: _____ Phone: _____

How would you like this Complaint resolved? _____

Signature: _____

Taken By: _____ Forwarded to: _____ Assigned to: _____ Due Date: _____

Chief's review/Date: _____

Findings: _____

Date complainant was notified of results: _____ Telephone In Person Mail Other

Notes: _____

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Copy to Chief

Copy to Division Commander

Copy to Employee