



Sylvan Lake
Police Department
Complaint Receipt Form

The Sylvan Lake Police Department adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the Department. The goal of the Department is to ensure that objectivity, fairness and justice are assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time, all complaints will be resolved in a prompt and timely fashion as soon as practicable upon receipt of the initial complaint. During the course of an investigation, the Department may notify you concerning the status of the complaint. You will be notified of the finding of the investigation conduct by the Department.

Your Name _____

Your Address _____

Your Phone Number: Daytime () _____ Evening () _____

Date and Time of the Incident _____

Location of the Incident _____

Today's Date _____ Time Now _____

Reason for the Complaint: Please use page two of this form and attach additional sheets as necessary

Everything that I have stated orally and also in this written complaint is true and accurate

Your Signature

Your Printed Name

Witness Signature

Printed Name of Witness

Supervisor or Officer Receiving the Complaint:

Name and Badge # _____ Related to Case # _____

Date Report Received _____ Time Received _____

Routed to _____

You may email this form to chief@sylvanlake.org

Reason for Complaint: