



Goshen Police Department 124 N. Church Street Goshen, AR 72735

OFFICE OF INTERNAL AFFAIRS

Form C-1

COMPLAINT FORM

IAD CASE# _____

Today's Date: _____ Time: _____ Date of Occurrence: _____ Time: _____

Name of Complainant: _____ Email: _____

Address: -----

City: _____ State: _____ Zip Code: _____

Phone Number (Home): _____ Phone Number (Cell): _____

Date of Birth: _____ Employer: _____

Type of Complaint: Check Appropriate Box 1. Employee Misconduct 2. Service (Quality of Service)

Description of Complaint (Be as detailed as possible and attach additional pages if necessary.)

[Large empty rectangular box for description of complaint]

Name of Employee(s) Involved (if known): _____

Signature of Complainant: _____

Supervisor Receiving Complaint: _____ Badge No.: _____ Date Received: _____

Witness: _____ Address: _____ Phone: _____ Relationship: _____

Witness: _____ Address: _____ Phone: _____ Relationship: _____