DATE FORM Today's Date:	CURRENT AND	Goshen Police Department 124 N. Church Street Goshen, AR 72735 OFFICE OF INTERNAL AFFAIRS Form C-1			
Name of Complainant:		COM	MPLAINT FORM	IAD CASE#	
Address:	Гоday's Date:	Time: D	Date of Occurrence:	Time:	
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.) Description of Complaint (Be as detailed as possible and attach additional pages if necessary.) Mame of Employee(s) Involved (if known): Signature of Complainnt: Supervisor Receiving Complaint:Badge No.: Date Received:	Name of Complainant:		Em	al:	
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.)	Phone Number (Home):		_ Phone Number (Cell):	
Description of Complaint (Be as detailed as possible and attach additional pages if necessary.)	Date of Birth:	E	Employer:		
Signature of Complainant:	Description of Comp	aint (Be as detailed a	as possible and attach a	dditional pages if necessary.)	
Supervisor Receiving Complaint:Badge No.: Date Received:	Description of Comp	laint (Be as detailed a	<u>as possible and attach a</u>	dditional pages if necessary.)	
	Name of Employee(s) Involved	(if known):			
	Name of Employee(s) Involved Signature of Complainant:	(if known):			

Witness:	Address:	Phone:	Relationship: