

**FARGO POLICE DEPARTMENT
PERSONNEL COMPLAINT**



Investigation # _____
(Professional Accountability Unit Use Only)

COMPLAINANT			
Name of Complainant	Sex	Race	Date of Birth
Address			
Phone Number		Email	
INCIDENT			
Date of Incident	Time of Incident		Incident #
Location of Incident			
Name of Accused Employee(s) and/or Description:			
Have you talked to a Supervisor:		If yes, who?	
Yes	No		
WITNESS(ES)			
Please provide information of witness(es)			
Name	Address	Phone #	

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NARRATIVE

Describe as detailed as possible the nature of your complaint. (attach additional pages if necessary)

A large, empty rectangular box with a black border, intended for the complainant to provide a detailed narrative of the incident.

Signature of Person Filing Complaint:	Date:	Time:
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**FARGO POLICE DEPARTMENT
PERSONNEL COMPLAINT**



DEPARTMENT USE ONLY		
Employee receiving complaint:	Date:	Time:
Employee Signature:		
Allegation #1		
Narrative (include date, time & location)		
Allegation #2		
Narrative (include date, time & location)		
Allegation #3		
Narrative (include date, time & location)		
Date Completed:	Completed by:	

(Professional Accountability Unit Use Only)

Assigned to	
Date Assigned:	Assigned by:
Formal Informal	