



FARGO POLICE DEPARTMENT

A SAFE AND UNIFIED COMMUNITY BUILT ON TRUST, ACCOUNTABILITY AND INCLUSION

PROFESSIONAL STANDARDS DIVISION

Investigation #:
(Professional Accountability Unit Use Only)

COMPLAINANT			
Name of Complainant	Sex	Race	Date of Birth
Address			
Phone Number	Email Address		
INCIDENT			
Date of Incident	Time of Incident	Incident number	
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 Number



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NARRATIVE

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

Signature of Person Filing Complaint:

Date:

Time:



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DEPARTMENT USE ONLY	
Employee receiving complaint	Date
Time	
Employee Signature	
Allegation #1	
Narrative (include date, time, and location)	
Allegation #2	
Narrative (include date, time, and location)	
Allegation #3	
Narrative (include date, time, and location)	
Date completed	Completed by
(Professional Accountability Unit Use Only)	
Assigned to	
Date Assigned	Assigned by
Formal	Informal