

**Fargo Fire Department**  
**Compliment/Complaint Form**

Person with Compliment/Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ Best time to Reach: Day [ ] Evening [ ]

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Person(s) Compliment/Complaint is about (if known): \_\_\_\_\_

Witnesses (name, address, and phone #):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

*\*Use additional sheets if necessary*

Details/Description of Compliment/Complaint:

*\*Use additional sheets if necessary*

I, \_\_\_\_\_, affirm that the information provided by me

PRINT NAME

is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Return to Fargo Fire Department:**  
**Attn: Professional Standards Officer**  
**637 N.P. Ave., Fargo, ND 58102**

Record # \_\_\_\_\_

**Fargo Fire Department: Professional Standards Officer Use Only**

Date Form Received: \_\_\_\_\_

Record Number: \_\_\_\_\_-#\_\_\_\_  
YEAR

Record Type: Service [ ] Personnel [ ]

Record Origination: Internal [ ] External [ ]

Date Investigation Completed: \_\_\_\_\_

Disposition: Sustained [ ] Not Sustained [ ] Unfounded [ ] Exonerated [ ] Policy Failure [ ]

Summary (to include): specific rule, regulation, procedure, directive and/or order violated including policy title and numerical reference. If a training issue, length and type of remedial training required.

*\*Summary should include report from all parties involved (both/all sides).*

Professional Standards Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record # \_\_\_\_\_