

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 # _____