University of Central Arkansas Police Department
Professional Standards Investigation
Citizen Complaint Form

Control Number _____

Type of Complaint

☐ Administrative Inquiry ☐ Miscounduct by Personnel ☐ Quality of Service

Today's Date _____ **Time Reported** _____ **Date Occurred** _____ **Time** _____

Name of Complaining Person _____ **Street Address** _____

City _____ **State** _____ **Zip** _____ **Race** _____ **Sex** _____

Home Phone _____ **Other Phone** _____ **Place of Employment** _____ **Age** _____ **DOB** _____

Witness #1 _____ **Home Phone** _____ **Other Phone** _____

Witness #2 _____ **Home Phone** _____ **Other Phone** _____

Name of Personnel (if known) _____ **Investigate** _____ **Supervisor** _____

Training _____

Write a description of the complaint (Use as much detail as possible)

Continued on back

Continued from front:

Signature of Complaintant _____ **Date** _____

University of Central Arkansas Police Department
Professional Standards Investigation
Citizen Complaint Form

Signature of Complaintant _____ **Date** _____