

**BRIMFIELD POLICE DEPARTMENT  
PERSONNEL COMPLAINT FORM**

**INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_  
Time of Incident: \_\_\_\_\_ Nature/Type of Incident: \_\_\_\_\_  
Officer's Name (if known) \_\_\_\_\_ Car #: \_\_\_\_\_

**COMPLAINANT INFORMATION**

Name (Last, First, MI): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
DOB: \_\_\_\_\_ Written Statement:  Yes  No  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**WITNESS INFORMATION**

Witness #1 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Written Statement:  Yes  No  
Witness #2 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Written Statement:  Yes  No

**DETAILS *(attach additional sheet as needed)***

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Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONNEL INVOLVED**

Member Name: \_\_\_\_\_ Car #: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Car #: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Car #: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Car #: \_\_\_\_\_

**RECEIVING OFFICER'S OBSERVATIONS**

Complainant Intoxicated or Impaired:  Yes  No  
Indicators:  Admission  Odor  Slurred Speech  Blood-Shot Eyes  Other: \_\_\_\_\_

Other Unusual Behavior: \_\_\_\_\_

Complainant Injured:  Yes  No Visible:  Yes  No Location/Type of Injury: \_\_\_\_\_

Hospital / Doctor's Name: \_\_\_\_\_  
\_\_\_\_\_

Photos:  Yes  No Medical Release:  Yes  No Offense Report Attached:  Yes  No  
Dispatch Audio Requested:  Yes  No Cruiser or Body Video Requested:  Yes  No

Initial Actions Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CHIEF OF POLICE USE ONLY**

Involved Member(s) Advised By: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to Investigate: \_\_\_\_\_ Date: \_\_\_\_\_

Investigation Received: Date: \_\_\_\_\_

Investigation Finding:  Sustained  Not Sustained  Unfounded  Exonerated

Member(s) Advised of Finding:  Yes  No Date: \_\_\_\_\_

Action Taken  Yes  No If Yes, what: \_\_\_\_\_