KANSAS CITY, MISSOURI BOARD OF POLICE COMMISSIONERS **OFFICE OF COMMUNITY COMPLAINTS**

COMMUNITY COMPLAINT REPORT

O.C.C. CONTROL NO. TICKETS OR REPORT NUMBERS, ETC. TIME and DATE OF OCCURRENCE LOCATION OF OCCURRENCE COMPLAINANT'S NAME FIRST DATE OF BIRTH

HOME ADDRESS	CITY	STATE	ZIP CODE		TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)			ALTERNATE	TELEPHO	NE NUMBER (OPTIONAL)
CO - COMPLAINANT'S NAME LAST	FIRST		RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE		TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)			ALTERNATE	TELEPHO	NE NUMBER (OPTIONAL)
NAME OF POLICE DEPARTMENT MEMBER COMPLAINED C type of duty performed, e.g., foot, auto, detective, etc.)	PF (If unknown, provide description of officer and	CHECK BAD	GE OR SERIAL	NUMBER	ELEMENT OF ASSIGNMENT
type of duty performed, e.g., root, auto, defective, etc.)		В			
		□ S □ B			
☐ I WISH TO PARTICIPATE IN THE MEDIAT		<u> s </u>			
☐ I DO NOT WISH TO PARTICIPATE IN MEDIATION AND CHOOSE TO HAVE MY COMPLAINT FORMALLY INVESTIGATED. PLEASE PRINT DETAILS OF THE COMPLAINT (Use reverse side of form if more space is required)					
*Mediation involves the use of a neutral, trained mediator assisting two (2) or more disagreeing parties that talk and listen to one another in an attempt to resolve the matter in a way that is satisfactory to both sides. Mediation is an alternative to a formal investigation of the complaint. Both parties must consent to the terms of the mediation, and they must agree to abide by the result. Mediation agreements are considered final.					
I HEREBY CERTIFY THAT THE STATEMENTS GIVEN BY ME HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE. I UNDERSTAND THAT MAKING UNTRUE DECLARATIONS TO PUBLIC SERVANTS OR UNTRUE STATEMENTS UNDER OATH OR AFFIRMATION ARE PUNISHABLE BY LAW AS A FELONY OR MISDEMEANOR. IF I DO NOT COOPERATE FULLY WITH THE COMPLAINT PROCESS, MY COMPLAINT WILL BE CLOSED WITH NO FURTHER ACTION OR CONTACT FROM THE OFFICE OF COMMUNITY COMPLAINTS.					
COMPLAIN 13.					
SIGNATURE OF COMPLAINANT					
SIGNATURE OF CO-COMPLAINANT					
	21.2 21. 2 0 00 2	· · · · <u> </u>			
DEPT. MEMBER RECEIVING COMPLAINT					
RANK SIGNATURE	SERIAL #	DATE	TII	ME	LOCATION

CONTINUATION – DETAILS OF COMPLAINT

OFFICE OF COMMUNITY COMPLAINTS NOTARY FORM				
STATE OF Missouri)) ss.			
COUNTY OF)			
I,, of latthe complainant named above, declare the fa	awful age [17 years of age or o acts contained therein are true	older], being duly sworn upon oath state that I, according to my best knowledge and belief.		
	-	Complainant		
	-	Co-Complainant		
On this day of before me, a notary public, and declared that and for the purpose stated therein.	, the ab at said complainant signed the	ove-named complainant personally appeared above affidavit as his/her free act and deed,		
	-	Notary Public		
My Commission Expires:				