

Hopkinsville Police Department Citizen Complaint Form

This is a means for the Hopkinsville Police Department to identify policy/procedure problems or personnel problems involving either civilian or sworn personnel.

If the investigation sustains a wrong-doing on the part of any member of the department, disciplinary and or corrective action will be taken as outlined in the City of Hopkinsville Personnel & Policies Manual, current edition; as specified in Kentucky Revised Statue, the Police Officers Bill of Rights; and according to departmental policies.

1. All complaint forms are to be completed and forwarded to the office of the appropriate Bureau Captain.
2. That "Bureau Captain" will review the complaint and assign the investigation to either the officers'/employees' supervisor or to the Internal Affairs Office.
3. All facts pertinent to the complaint will be compiled and evidence gathered.
4. The investigating officer will complete and forward to the initiating Bureau Captain a written report of the findings. That "Bureau Captain" will review the report and forward it to the Chief of Police.
5. The Chief of Police shall then make a decision, which is final and a matter of record.
6. A disposition of the investigation will be made and kept on file at the Hopkinsville Police Department.
7. The complainant will be notified as to the outcome of the investigation.
8. If an action of wrongdoing is sustained, the complainant may be asked to appear in person to testify against the employee(s) involved.

Signature of Complainant: _____

Date and Time Complaint Made: _____

Signature of Officer Receiving Complaint: _____

Date and Time Officer Received Complaint: _____

HOPKINSVILLE POLICE DEPARTMENT CITIZEN COMPLAINT REPORT

Name of Complainant (last, first, Initial)		
Residence Address	Telephone:	
Business Address	Telephone	
Name of Officer Complained Against	Rank	Badge # Car #
Description (If name is not known)		
Date & Time of Incident	Location of Incident	
Description of Incident		
Name of Witness	Address	Telephone
Name of Witness	Address	Telephone
<p>I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.</p> <p>I am/am not willing to testify at any hearing in connection with this complaint.</p>		
<p>_____</p> <p>Signature of Complainant's Parent or Guardian</p> <p>(If the complainant is a minor)</p>		<p>_____</p> <p>Signature of Complainant</p>
<p style="text-align: center;">_____</p> <p style="text-align: center;">Date & Time Report is Received</p>		
<p>_____</p> <p>Name and Rank of Officer Receiving Report</p>		<p>_____</p> <p>Signature of Officer Receiving Report</p>

