



SARASOTA POLICE DEPARTMENT INQUIRY & COMPLAINT FORM

Date Received:		Time Received:				
Person Making Complaint:			Inquiry <input type="checkbox"/>	Complaint <input type="checkbox"/>		
Address:						
City:			State:	Zip:		
Home Phone:		Work Phone:		Cell Phone:		
Place/time complainant can be contacted:						
Information Received:	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	By Mail <input type="checkbox"/>	Anonymous <input type="checkbox"/>	Online <input type="checkbox"/>	Email <input type="checkbox"/>
Witness:		Address:			Phone:	
Witness:		Address:			Phone:	
Employee(s) Involved:						
Employee(s) Involved:						
<u>Brief Summary of Inquiry/Complaint (use additional paper if necessary):</u>						
Person Receiving Original Inquiry/Complaint:					Date:	
Reviewing Supervisor (if other than above):					Date:	
Original to IAC Commander: Yes <input type="checkbox"/> No <input type="checkbox"/>					Date:	
Copy Forwarded to Division Commander: Yes <input type="checkbox"/> No <input type="checkbox"/>					Date:	

