

ST. CROIX TRIBAL POLICE DEPARTMENT

COMPLAINT FORM

TODAYS DATE: ___/___/___

NAME: _____

ADDRESS: _____

PHONE NUMBER: (___) _____ --- _____

TYPE OF COMPLAINT: _____

OFFICER(S) NAME INVOLVED: 1. _____

2. _____

THE ST. CROIX TRIBAL POLICE DEPARTMENT TAKES CITIZENS COMPLAINTS SERIOUS. IN ORDER FOR OUR DEPARTMENT TO ADDRESS THESE CONCERNS, WE NEED TO HAVE SPECIFIC FACTS ABOUT THE INCIDENT. THESE FACTS MAY INCLUDE THE FOLLOWING:

- DATE AND TIME
- LOCATION OF INCIDENT
- VIDEO OF INCIDENT
- COMMUNICATION BETWEEN OFFICER AND COMPLAINTANT
- BEHAVIOR
- ANY WITNESSES
- ANY OTHER FACTUAL EVIDENCE

IT IS OUR GOAL OF THE ST. CROIX TRIBAL POLICE DEPARTMENT TO ADDRESS ANY AND ALL COMPLAINTS IN AN ORDERLY FASHION AND WITH DUE PROCESS.

