



**GLOBE POLICE DEPARTMENT
COMPLAINT ACCEPTANCE REPORT**

Internal Affairs Case No.

INTERNAL EXTERNAL

Employee (Subject of Complaint)

Last Name		Suffix	First Name	M.I.	<input type="checkbox"/> Unknown
Position	Serial No.	Assignment		Phone No.	

Complainant

Last Name		Suffix	First Name	M.I.	<input type="checkbox"/> Unknown
Address			City	State	Zip Code
Phone No.	Cell/Alternate Phone No.	Other Contact Information, Email, etc.			

Incident/Complaint

Date of Incident	Time of Incident	Incident Location			
Witness Name		Home Address		Phone No.	
Brief Summary Of What Has Occurred:					

Complaint Received By

Date Reported	Time Reported	Method of Complaint Filed <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Other _____			
Report Taken By	Serial No.	Position	Phone No.	Assignment	

Complainant's Signature

By signing below I attest that the information submitted on this form is accurate and true to the best of my knowledge and I have filed the complaint of my own free will and accord.

Signature _____ Date _____