



# SARASOTA POLICE DEPARTMENT INQUIRY & COMPLAINT FORM

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

