



## **GARDINER POLICE DEPARTMENT PERSONNEL COMPLAINT FORM**

**If you wish to make a complaint about the actions of any public safety employee, or about any aspect of our law enforcement operation, please:**

- **Come into the Department of Public Safety or City Manager's office and inform any employee that you wish to make a complaint; or**
- **Email this form to the Head of the Department or City Manager's office (information is listed on the City's Website at://www.gardinermaine.com/); or,**
- **Telephone 207-582-5150 and inform the person answering the telephone that you wish to make a complaint; or,**
- **Complete this form and mail/fax it to the Department of Public Safety, 6 Church Street, Gardiner, Maine 04345. Fax 207-582-1079.**
- **Write your suggested resolutions and submit them to the Department of Public Safety.**

**A supervisory officer may assist you in completing a report of complaint against any law enforcement personnel. This form asks you to identify yourself and then to give specific details about your complaint.**

**Your complaint will then be investigated and you may be contacted and asked additional questions about your complaint.**

**If the investigation of your complaint into this matter requires an extended amount of time, you will be notified in writing with an approximate date of when you may expect a reply.**

**Once the necessary information is obtained and the complaint has been fully investigated, the Department Head of the particular department will review the investigative reports and respond to you in writing explaining the results of that investigation.**



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**Name of Complainant:** \_\_\_\_\_

**At What Address and Telephone Number can you be contacted?** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Date and Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Name (s) of Employees Against Whom Complaint is Being Filed or Other Identifying Marks (Car Number, Badge Number, Etc.)**

**Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Vehicle:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Vehicle:** \_\_\_\_\_

**Name (s), Address (s), Telephone Number (s) or Other Identifying Information Concerning Witness (s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of Allegation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Statement of Allegation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What do you think is an appropriate resolution?:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If Further Space Is Needed, Use The Reverse Side Of This Sheet**

**I understand that this statement of complaint will be submitted to this Law Enforcement Agency and may be the basis for an investigation. Further, I sincerely and truly, declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.**

**I understand that under the Rules and Regulations of this Law Enforcement Agency, the employee(s) against whom this complaint is filed may be entitled to request a hearing. By filing and signing this complaint, I hereby agree to appear before any hearing, if requested by the employee and to testify under oath concerning all matters relevant to this complaint. I further understand that if this alleged complaint, which is made to a Law Enforcement Officer, is false, then I may be charged with the crime of “Unsworn Falsification” pursuant to 17-A M.R.S. § 453, which is a Class D Crime.**

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Additional pages may be used if required)

\_\_\_\_\_  
**Signature of Person Receiving Complaint** **Date & Time Received**