

KANSAS CITY, MISSOURI BOARD OF POLICE COMMISSIONERS
OFFICE OF COMMUNITY COMPLAINTS
COMMUNITY COMPLAINT REPORT

O.C.C. CONTROL NO. _____

TIME and DATE OF OCCURRENCE	LOCATION OF OCCURRENCE	TICKETS OR REPORT NUMBERS, ETC.		
COMPLAINANT'S NAME LAST	FIRST	RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)			ALTERNATE TELEPHONE NUMBER (OPTIONAL)	
CO - COMPLAINANT'S NAME LAST	FIRST	RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)			ALTERNATE TELEPHONE NUMBER (OPTIONAL)	
NAME OF POLICE DEPARTMENT MEMBER COMPLAINED OF (If unknown, provide description of officer and type of duty performed, e.g., foot, auto, detective, etc.)		CHECK BADGE OR SERIAL NUMBER	ELEMENT OF ASSIGNMENT	
		<input type="checkbox"/> B		
		<input type="checkbox"/> S		
		<input type="checkbox"/> B		
		<input type="checkbox"/> S		

- I WISH TO PARTICIPATE IN THE MEDIATION PROGRAM*
- I DO NOT WISH TO PARTICIPATE IN MEDIATION AND CHOOSE TO HAVE MY COMPLAINT FORMALLY INVESTIGATED.

PLEASE PRINT DETAILS OF THE COMPLAINT (Use reverse side of form if more space is required)

***Mediation** involves the use of a neutral, trained mediator assisting two (2) or more disagreeing parties that talk and listen to one another in an attempt to resolve the matter in a way that is satisfactory to both sides. Mediation is an alternative to a formal investigation of the complaint. Both parties must consent to the terms of the mediation, and they must agree to abide by the result. Mediation agreements are considered final.

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN BY ME HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE. I UNDERSTAND THAT MAKING UNTRUE DECLARATIONS TO PUBLIC SERVANTS OR UNTRUE STATEMENTS UNDER OATH OR AFFIRMATION ARE PUNISHABLE BY LAW AS A FELONY OR MISDEMEANOR. IF I DO NOT COOPERATE FULLY WITH THE COMPLAINT PROCESS, MY COMPLAINT WILL BE CLOSED WITH NO FURTHER ACTION OR CONTACT FROM THE OFFICE OF COMMUNITY COMPLAINTS.

SIGNATURE OF COMPLAINANT _____

SIGNATURE OF CO-COMPLAINANT _____

DEPT. MEMBER RECEIVING COMPLAINT				
RANK _____	SIGNATURE _____	SERIAL # _____	DATE _____	TIME _____ LOCATION _____

