

RILEY COUNTY POLICE DEPARTMENT

Citizen Complaint Form

The Riley County Police Department strives to maintain a professional image and treat citizens fairly. Every citizen shall have the opportunity to voice their complaint concerning the conduct of any Riley County Police Department employee.

After completing this form you may leave it with the Records Section, mail or fax it to the Department, or scan and electronically send it to:

Mailing Address

Riley County Police Department
Internal Affairs
1001 S. Seth Child Road
Manhattan, KS 66502

Fax #: (785-565-6559)
Email: dascher@rileycountypolice.org

COMPLETING THIS FORM

If we are to thoroughly investigate your complaint you will need to complete all sections of this report. If you have any questions you can request a supervisor meet with you to file the report on your behalf or assist you in completing the report if you prefer.

Section - A This is the physical address/location of where the allegation took place.
Please check the appropriate box indicating the date and time the incident occurred.

Section - B This section will list your personal information.
Check the appropriate box for race, sex and yes/no answers that apply.

Section - C Used to detail injuries and medical staff who treated you.

Section - D List your witness's name, address and contact phone number for interview purposes.

Section - E List the employee(s) you are complaining about.
If you know the employee's ID # or the car they were driving at the time of the incident, list those in this section.

Section - F Give a complete and detailed account of what occurred and what you are complaining about.

Section - G There are times when a complainant does not want a formal report, but would prefer a different kind of action. Tell us how you would like this complaint to be handled.

Section - H Read, sign and date the signature block.

ANY QUESTIONS CAN BE DIRECTED TO THE:

Internal Affairs Officer
Lt. Ascher (785) 537-2112 ext. 2347
dascher@rileycountypolice.org

RILEY COUNTY POLICE DEPARTMENT**Citizen Complaint Form****INCIDENT INFORMATION****Section - A**

Date Incident Occurred:	Day Incident Occurred:	M	T	W	Th	F	Sa	Su
Time Incident Occurred:	Location of Incident:							
a.m.	p.m.							

COMPLAINANT INFORMATION*[The person filing out this report]***Section - B**

Name:			Date of Birth	Age:	
Sex:	Male Female	Race:	White Native American	Black Other	Hispanic
Street Address:	City:		State	Zip	
Contact Phone #:	Email Address:				
Were you arrested?	Charges:				
Yes No					
Were you injured?	Did you seek medical attention?				
Yes No	Yes No				

DESCRIBE YOUR INJURIES BELOW*[If medical attention was sought, list the name of the doctor or medical institution who treated you]***Section - C****WITNESS INFORMATION****Section - D**

Name:	Address:	Contact #:

EMPLOYEE INFORMATION*[RCPD employee(s) involved in the allegation]***Section - E**

Name:	Employee #:	Car #:
Name:	Employee #:	Car #:
Name:	Employee #:	Car #:
Name:	Employee #:	Car #:

Continue with report on the back of this page
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INCIDENT DESCRIPTION

[Describe in detail what occurred]

Section - F

Section - G

How would you like to see this complaint handled?

Section - H

I do hereby affirm the foregoing information is true and complete to the best of my knowledge and belief.

I understand that it is a violation of Kansas law [K.S.A. 21-5904] to willfully make a false report.

Complainant's Signature:

Date:

RCPD Staff Only

Reviewer Acknowledgement:

Notes:



Supervisor

Commander

Assistant Director

Director