



HENDERSON POLICE DEPARTMENT
COMPLAINT FORM
 REFER TO DPM 1091

HPD 0047

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Event # _____

To be completed by supervisor receiving complaint

Complaint Received: In Person By Telephone By Mail

Name: _____ Sex: Select... Race: Select... Age: _____

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Phone: (H) (xxx) xxx-xxxx (C) (xxx) xxx-xxxx

Location of Occurrence: _____ Date & Time of Occurrence _____

Supervisor's Brief Summary of Alleged Misconduct of Employee):

Is the complaint based on any of the following? If yes, please ask complainant to explain how, in the complaint (HPD 0155 Witness Statement).

- National Origin Yes No
- Disability Yes No
- Income Status (low income) Yes No
- Limited English Proficiency Yes No
- Color Yes No

Complainant was given a copy of this form: In Person By Mail Refused

Was interview taped? Yes No

Note: Complainant will be advised of results of investigation via email, telephone or mail.

 Supervisor's Signature

 Date

 Time

 Complainant's Signature

 Date

 Time