



## **CITIZEN COMPLAINT FORM INSTRUCTIONS**

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**PLEASE COMPLETE FORM AND RETURN BY MAIL TO:  
ARKANSAS STATE POLICE ATTN:  
DIRECTOR'S OFFICE ONE STATE  
POLICE PLAZA DRIVE LITTLE  
ROCK, ARKANSAS 72209**

- 1. Disregard any reporting fields relating to department personnel/members or department identification numbers.**
- 2. Please print your name, home address and telephone number in the fields identified as "complainant".**
- 3. Print the names, home addresses and telephone numbers in the fields identified as "complainant" witnesses.**
- 4. Print a detailed narrative of what occurred to precipitate the complaint and be certain to include the date of the incident, precise location where the incident occurred, identifying information of the trooper such as patrol car license number, badge number, and name.**
- 5. Print your name in the complaint affirmation section and provide your signature to the form below the affirmation section.**
- 6. Be sure to attach any supporting information that will assist a representative of the Director of the Arkansas State Police to contact you (i.e. home telephone, business telephone, cell phone, home address, etc.).**



<b>Date Received:</b>	<b>Assigned To:</b>	<b>Date:</b>
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<b>Type of Complaint:</b> <input type="checkbox"/> <b>A - Inter-Departmental</b> <input checked="" type="checkbox"/> <b>B - Citizen</b>	<b>Date Investigation Initiated:</b>	<b>Date Investigation Terminated:</b>
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**TO BE COMPLETED BY THE COMMANDING OFFICER**

**Commanding Officer's Determination/Recommendation: (Check One)**

<b>Substantiated</b> <input type="checkbox"/>	<b>Unfounded</b> <input type="checkbox"/>	<b>Inconclusive</b> <input type="checkbox"/>	<b>Specially Closed</b> <input type="checkbox"/>
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<b>Comments:</b>

<b>Signature of Commanding Officer:</b>	<b>Date Forwarded to Headquarters Staff:</b>
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**TO BE COMPLETED BY THE HEADQUARTERS STAFF**

<b>Date of Review:</b>	<b>Printed Rank &amp; Name of Reviewing Officer:</b>
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**FINAL DISPOSITION (CHECK ONE)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>No Action Taken</b>           | <input type="checkbox"/> <b>Transfer</b>                | <input type="checkbox"/> <b>Termination</b> |
| <input type="checkbox"/> <b>Oral Reprimand/Counseling</b> | <input type="checkbox"/> <b>Suspension</b>              | <input type="checkbox"/> <b>Other</b>       |
| <input type="checkbox"/> <b>Letter of Reprimand</b>       | <input type="checkbox"/> <b>Reduction in Grade/Rank</b> |   |

**Comments/Final Recommendations**


**Reviewing Officer:** \_\_\_\_\_  
(Rank/First/MI/Last Name/Badge #)

**Date:** \_\_\_\_\_  
(Mo/Day/Yr)