



Burlington Police Department Internal Complaint Form

Log#:	IA #:
Name (Complainant):	Employee:
Address:	Date/Time:
Phone: H- W-	Location:

Complainant's Description of the Incident that resulted in this complaint:

continued on a supplemental page

Witnesses:

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Is the complainant willing to testify at any/all hearings in connection with the complaint?

YES NO

I have read this complaint and declare that it is true, accurate and complete, to the best of my recollection.

Signature of Complainant

Date

Parent Signature (if under 18)

Rec'd By:	Date/Time:
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