



WENTZVILLE POLICE DEPARTMENT

**ALLEGATION OF EMPLOYEE MISCONDUCT
REPORT**

DATE: _____ COMPLAINT #: _____

COMPLAINANT:

Name: _____ DOB: _____ Sex: _____
(PRINT)

Address: _____

Business Phone: _____ Residence Phone: _____

EMPLOYEE(S) INVOLVED (IF KNOWN):

Name: _____

Name: _____

Name: _____

How did you determine officer identification: _____

COMPLAINT:

Nature of Complaint: _____

Date/Time of Incident: _____

Location: _____

Details: _____

(Complainant's Signature) _____

Sworn to and subscribed before me this _____ day of _____, 20____.

