



**CITY OF FRANKFORT  
POLICE DEPARTMENT**

201 W. WASHINGTON STREET  
FRANKFORT, INDIANA 46041-1859  
PH. 765-654-4245  
FAX 765-654-9197

**CHRIS McBARNES**  
MAYOR  
**TROY BACON**  
CHIEF  
**SCOTT SHOEMAKER**  
DEPUTY CHIEF

**COMPLAINT OF EMPLOYEE FORM**

Upon completion of this form, you may either return it in person to the Frankfort Police Department, or mail to FRANKFORT POLICE DEPARTMENT, 201 West Washington Street, Frankfort, Indiana 46041.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Occurrence \_\_\_\_\_ Time of Occurrence \_\_\_\_\_  
Location of Occurrence \_\_\_\_\_

Name, Badge Numbers of Employees Involved (if known) \_\_\_\_\_  
Names, addresses, telephone numbers of witnesses (if known) \_\_\_\_\_

Details- (Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Use back if more space is needed)

**DEPARTMENT USE ONLY**

**To be completed by the supervisor receiving this form.**

**Supervisor's name** \_\_\_\_\_ **Date and time received** \_\_\_\_\_

EMERGENCY  
9-1-1

CRIMINAL INVESTIGATIONS  
654-4277

NON EMERGENCY  
654-4431