



**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

GLENN TALBOT
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