



**CITY OF FRANKFORT**  
**POLICE DEPARTMENT**  
 201 W. WASHINGTON STREET  
 FRANKFORT, INDIANA 46041-1859  
 PHONE 765-654-4245  
 DISPATCH 765-654-4431  
 WEBSITE frankfort-in.gov

**JUDITH E. SHEETS**  
**MAYOR**  
**SCOTT T. SHOEMAKER**  
**CHIEF**  
**JAMES R. SKINNER**  
**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<br>Employees Involved (if known) | Names, address, telephone number<br>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).

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Complainant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

To be completed by the supervisor receiving this form.

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