

**RIVERSIDE POLICE DEPARTMENT
COMPLAINT CONTROL FORM**

Complaint File Number: _____
Police Report/Cite Number: _____

Location of Incident: _____ Date: _____ Time: _____

Received By: _____ Date/Time: _____ Routed to: _____

Subject Employee: _____ ID# _____

Complainant: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Witness: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Witness: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Complaint: _____

Signature of Complainant (Optional): _____

POLICE DEPARTMENT USE ONLY			
Nature of Complaint:	<input type="checkbox"/> External	<input type="checkbox"/> Internal	<input type="checkbox"/> Inquiry : _____
Complaint Received:	<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Letter <input type="checkbox"/> Other <i>Internal Affairs</i>
Complaint Result of:	<input type="checkbox"/> Radio Call	<input type="checkbox"/> Traffic Stop	<input type="checkbox"/> Arrest <input type="checkbox"/> Investigation <input type="checkbox"/> Other
Copy of Complaint Received by Complainant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No," explain: _____
Category I:	_____	Category II:	_____
	Specify the allegation		Specify the allegation

Copy of Complaint Received by Employee: _____

Complainant Notified of Results by: _____ Date: _____ Method: _____

Employee Notified of Results by: _____ Date: _____ Method: _____