



OSAGE BEACH POLICE DEPARTMENT ALLEGATION OF EMPLOYEE MISCONDUCT REPORT

DATE OF REPORT	REPORT MADE BY IN PERSON TELEPHONE EMAIL LETTER OTHER:		
COMPLAINANT NAME			DATE OF BIRTH
ADDRESS			DRIVER'S LICENSE NUMBER
WORK ADDRESS			
PHONE #	WORK PHONE #		
DATE & TIME OF INCIDENT		ADDRESS WHERE INCIDENT OCCURED	
NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT, IF KNOWN			
1.		3.	
2.		4.	
HAVE YOU REPORTED THIS TO OTHER OFFICER(S)? YES NO		IF SO, WHOM?	
PERSON(S) WHO ACTUALLY SAW EVENT (INCLUDING SELF)			
<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	
SUMMARY OF OCCURENCE OF WHICH YOU ARE COMPLAINING			
USE OTHER SIDE IF NECESSARY			
SIGNATURE OF COMPLAINANT		PRINTED NAME OF COMPLAINANT	
OFFICER		DATE	TIME

