



Cherokee Indian Police Department

Allegation of Complaint



Date of Incident:		Time of Incident:	Incident OCA/CAD #:
Date Reported:	Time Reported:	Incident Location:	

Incident Type:	<input type="checkbox"/> Traffic Stop	<input type="checkbox"/> Call for Service	<input type="checkbox"/> Employee Initiated
<input type="checkbox"/> Other:			
Incident Disposition:	<input type="checkbox"/> Arrest	<input type="checkbox"/> Citation	<input type="checkbox"/> Warning
<input type="checkbox"/> No Action	<input type="checkbox"/> Other:		
Type of Complaint:	<input type="checkbox"/> Application of Service	<input type="checkbox"/> Employee Misconduct	

Complainant:	Phone:
Email:	Best method of contact:

Employee(s) involved:
1.
2.
3.
4.

Witness:	Contact information:
Witness:	Contact Information:

Complaint Type Justification:

Receiving Employee:		Date:
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Asst. Chief of Police		Date:
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Chief of Police		Date:
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Assigned to:		
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