

## **Completing the Citizen Complaint Form**

The professional standards function is important for the maintenance of professional conduct of the Derby Police Department. The integrity of the department depends on the personal integrity and discipline of each employee. It is the policy of the Derby Police Department to investigate any charge of misconduct of its members.

To use this form in making a complaint:

1. Fill out the Citizen Complaint Form as completely as possible.
2. Make sure you sign the form.
3. Return the form in a sealed envelope in person or by mail to:

Derby Police Department  
Attn: Professional Standards  
229 N. Baltimore  
Derby, Kansas 67037

4. If you have not been contacted within seven days of filing your complaint contact Lt. Tim Brant, Derby Police Department, at (316) 788-1557 to check the status of the complaint.

Date Reported	Time Reported	<b>Citizen Complaint Form</b>  <b>Derby Police Department</b> <i>Print Legibly</i>	Date Occurred	Report No.
Beat Occurred	Day of Week		Case Number(s)	Date Received
Name of Person Taking Report / Duty Assignment			Notifications made	Date/Time Notified

**CITIZEN MAKING COMPLAINT TO COMPLETE BALANCE OF REPORT**

Name of Complainant <i>Last First Middle Initial</i>				Address <i>City State</i>			
AGE	RACE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	OCCUPATION			PHONE NUMBER <i>(HOME)</i> <i>(BUS)</i>
NAME OF ALLEGED VICTIM OF INCIDENT IF OTHER THAN COMPLAINANT				ADDRESS			PHONE NUMBER <i>(HOME)</i> <i>(BUS)</i>
NAME OF ATTORNEY/INTERPRETER/PERSON ASSISTING COMPLAINANT				ADDRESS			PHONE NUMBER <i>(HOME)</i> <i>(BUS)</i>
NAME(S) OF OTHER WITNESSES <i>LAST FIRST MIDDLE INITIAL</i>				ADDRESS			PHONE NUMBER <i>(HOME)</i> <i>(BUS)</i>
				ADDRESS			PHONE NUMBER <i>(HOME)</i> <i>(BUS)</i>
				ADDRESS			PHONE NUMBER <i>(HOME)</i> <i>(BUS)</i>
NAME(S) OF OFFICER(S) COMPLAINT AGAINST <i>(IF KNOWN)</i>				RANK	ID NO.	SHIFT (DAY/NIGHT)	ASSIGNMENT PATROL DET SRO OTHER
DESCRIPTION	HEIGHT	WEIGHT	HAIR	EYES	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE (APPROX.)	RACE OTHER
NAME				RANK	ID NO.	SHIFT (DAY/NIGHT)	ASSIGNMENT PATROL DET SRO OTHER
DESCRIPTION	HEIGHT	WEIGHT	HAIR	EYES	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE (APPROX.)	RACE OTHER
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SIGNATURE OF PERSON MAKING COMPLAINT					DATE	TIME	

