CITY OF MOUNTAIN VIEW POLICE DEPARTMENT

Personnel Complaint Report

Citation Number	Police Report Number		Incident Number		nt Number	Date/Time Report Filed	
REPORTING PERSON	<u> </u>						
Name (Last, First, Middle)			Telephone		DOB	Business Phone	
Address (City, State, Zip)			, ,		<u> </u>		
SUBJECT OF ALLEGED MISC	ONDUCT (IF OTHE	R THAN AB	OVE) May the Po	olice in	nterview the complai	nant at place of en	nployment? Yes No
Name (Last, First, Middle)		Telephone		DOB	Business Phone		
Address (City, State, Zip)							
Day/Date of Incident		Time			Location		
WITNESSES (If witnesses are r	not known, provide d	escriptions/c	ar licenses/ba	dge	numbers, etc.)		
Name			A		Telephone		
WAS ANY PARTY TO THE CO	OMPLAINT OR ANY	WITNESS I	DETAINED O	R IN	TERVIEWED	BY POLICE	? WHOM?
				_			
Name of Employee Cor	mplained of	Car No.	Badge No.	De	escription		
GIVE A NARRATIVE DESCRI	IPTION OF THE EVE	NTS GIVIN	G RISE TO T	HE (COMPLAINT:		

NARRATIVE CONTINUED:								
Signature of Complainant								
Circulation (Process Procision Consolitation	ID No.							
Signature of Person Receiving Complaint	ID NO.							
For Official Use Only								
PSU Case No If complainant under 18 years, notify parent/guardian of complaint filed.								
Date/Time Notified:								
☐ Major Misconduct ☐ Minor Misconduct ☐ PPI								
FOR MINOR MISCONDUCT COMPLAINTS ONLY:								
Findings:	ed Exonerated	Sustained	☐ No Finding					
Complainant Notified of Disposition by		Date						
Division Commander Approval	Police C	hief Approval						
MINOR MISCONDUCT CC: Original – PSU								