

CHARLES CITY POLICE DEPARTMENT CITIZEN COMPLAINT NOTICE

In accordance with Iowa Code 80F.1, Peace Officer, Public Safety Officer, and Emergency Personnel Bill of Rights, an individual submitting a complaint to our agency regarding the conduct or actions of an officer who is a member of the Charles City Police Department, shall be aware of the following:

As stated in 80F.1, “If a complaint is determined by the investigating officer to be a violation of section 718.6, the investigating officer shall be responsible for filing the necessary paperwork with the county attorney’s office in order for the county attorney to make a determination as to whether to charge the person with a violation of section 718.6.”

And, “An officer shall have the right to pursue civil remedies under the law against a citizen arising from the filing of a false complaint against the officer.”

718.6 False reports to or communications with public safety entities.

1. A person who reports or causes to be reported false information to a fire department, a law enforcement authority, or other public safety entity, knowing that the information is false, or who reports the alleged occurrence of a criminal act knowing the act did not occur, commits a simple misdemeanor, unless the alleged criminal act reported is a serious or aggravated misdemeanor or felony, in which case the person commits a serious misdemeanor.



CHARLES CITY POLICE DEPARTMENT

Citizen Complaint/Internal Investigation Report

Complainant:

1. Name: _____
2. Address: _____
3. Telephone: _____
4. Adult or Juvenile: _____
5. Place of Employment: _____
6. Address of Employment: _____
7. Business Telephone: _____

Witnesses:

1. Name: _____
Address: _____
Telephone: _____
Relationship: _____
2. Name: _____
Address: _____
Telephone: _____
Relationship: _____

Complaint:

1. Date and Time of Incident: _____
2. Location of Incident: _____
3. Date and Time Complaint Filed: _____
4. Location of Complaint being Filed: _____
5. Complaint Against: _____
6. Badge/I.D. Number: _____
7. Car Number: _____
8. Case/CFS Number: _____

Description of Allegations:

Please list the facts that support your complaint below. Use reverse side of this form if necessary.

Signature of Complainant: _____

