

## 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: \_\_\_\_\_

Additional witnesses may be added on the back side of this form.

**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.

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Signature of Complainant \_\_\_\_\_

