

**CONWAY POLICE DEPARTMENT  
DEPARTMENTAL COMPLAINT REPORT**

Name of Complainant: \_\_\_\_\_ Date:

Home Address:

Place Employed & Address:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone:

Location of Incident:

Departmental Employee(s) Involved:

Officer's Vehicle Number or Description (if name unknown):

Details of Complaint (continue on reverse side or attach more sheets, if necessary):

(Signature of Complainant)  
Complaint)

(Employee Receiving

\*Note: Complainant will be provided a copy of this report to acknowledge receipt of complaint by the Conway Police Department.

It is the policy of the Conway Police Department to receive and investigate every complaint filed against the Department or any employee. We feel that this is important to maintain the citizen's confidence in their police department and to ensure the integrity of the organization.

Your complaint will be thoroughly investigated and handled as promptly as possible. A member of the department assigned to investigate this matter will contact you very soon. However, if you are not contacted or have additional information concerning this matter, please feel free to contact the Department's Quality Assurance Representative or Chief of Police at (501) 450-6120.

You will be kept informed throughout the investigation and will receive formal notification once the investigation is completed and a decision has been made.

(CPD Form 208)