

Tracking Number:

**Calcasieu Parish Public Safety Communications District
Organizational Integrity
Complaint Form**

Complainant Information (Public Service Agency ONLY)

Public Service Agency	Name of Agency			
	Agency Representative	(last)	(first)	(rank)
	Address	(street)	(city/state)	(zip code)
	Telephone	()	Email	

Complainant Information (Private Citizen ONLY)

Private Citizen	Name	(last)	(first)	(middle)
	Address	(street)	(city/state)	(zip code)
	Telephone	()	Other Number(s)	()

Incident

Please describe the circumstances that prompted this complaint. Be specific as possible and include any details that are pertinent to the grievance you have filed.

Date	/	/	20	Time	AM / PM	(please circle one)
Location	(street)	(city/state)	(zip code)			
Agencies Involved (if known)						
Dispatcher / Call Taker (if known)						
Details						

Additional paper or the back of this form may be used if needed.

Witness Information (if available)

Witness # 1	Name				
	Address				
	Telephone	()	Other Number(s)	()	
Witness # 2	Name				
	Address				
	Telephone	()	Other Number(s)	()	

Desired Resolution:

What would you like the conclusion of this investigation to be?

AFFIDAVIT
I, _____, do hereby swear and affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief.

Complainant's Signature

Date

Please Print Legibly