Idaho Peace Officer Standards and Training 700 South Stratford Drive (208) 884-7250 post.idaho.gov

**TYPE OF COMPLAINT** 



emails form to opr@post.idaho.gov

## COMPLAINT FORM ABOUT PEACE OFFICER(S) OR LAW ENFORCEMENT AGENCY

THIS COMPLAINT IS ABOUT:			
☐ Law Enforcement Officer(s)		☐ Law Enforcement Agency	
YOUR INFORMATION			
NAME: FIRST AND LAST	PHONE NUMBER:	EMAIL ADDRESS:	DO YOU WISH TO REMAIN ANONYMOUS?
ADDRESS:	CITY:	ZIP CODE:	COUNTY:
RELATIONSHIP TO INCIDENT	:		
□ Victim	□ Witness	☐ Concerned Citizen	☐ Family or Friend
INCIDENT INFORMATION			
NAME OF AGENCY/ AGENCIE	ES INVOLVED:		
NAME OF OFFICER(S) INVOL	/ED:		
INCIDENT DETAILS			
DATE OF INCIDENT:	LOCATION:		TIME OF INCIDENT:
IS THERE A SUMMONS OR A	RREST ASSOCIATED WITH THIS I	NCIDENT?	
□ Yes	□ No		
HAS THIS INCIDENT BEEN RI	EPORTED TO ANOTHER AGENCY?		
□ Yes	□ No		

THE OF INCIDENT.		
	Criminal conduct	
	Consuming alcohol on duty	
	Harassment or intimidation	
	Lying or falsifying written or verbal communications	
	Inappropriate sexual conduct while on duty	
	Unauthorized use of employing agency's property, equipment, or funds	
	Conviction of any misdemeanor	
	Violation of the Council's Code of Ethics	
	Inappropriate relationship sexual or otherwise, with a victim, defendant, or informant in an ongoing investigation or	
	adjudication	
	Unauthorized disclosure of confidential information	
	Failure to report being charged with a felony or misdemeanor within five business days	
	Failure to respond or respond truthfully to an investigation	

## NARRATIVE/SUMMARY OF INCIDENT

Please provide specific information about the alleged unlawful conduct and detail your efforts to resolve this complaint at the local level. If more space is needed, attach additional pages.