Coweta Police Department

Complaint / Allegation Form

PO Box 850
212 North Broadway
Coweta, Oklahoma 74429

Telephone 918-486-2121
Fax 918-486-4243

Date Received_____ Received By_____ Position_____

Name Of Complainant_____ Address_____

Phone_____ Work_____ Pager / Cell_____

Briefly state the nature of the allegation *(What is it the employee is alleged to have done, or failed to do, what were conditions or circumstances at the time and what resulted. Include the employees name and badge number if available).*

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Complainant's Signature

Referred To_____ Date_____ By_____ IA Case #_____

This form is to be used for any allegation charged against an employee. The original copy shall be reviewed for Internal Affairs purposes and then filed according to procedure. Revised 06/2008