WEST BRANCH POLICE DEPARTMENT

105 S. SECOND STREET, P.O. BOX 218
WEST BRANCH, IOWA 52358
ROUTINE PHONE: (319) 643-2222 FAX: (319) 643-2464
"PROTECT, SERVE, VIGILANCE"

OFFICER AWARD/COMPLAINT/ALLEGATION FORM

DATE RECEIVED:		RECEIVED BY:	

REPORTING PERSON INFORMATION
(Required)

FULL LEGAL NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	,
PHONE / ALT. PHONE:	
OFFICER INVOLVED:	
INCIDENT LOCATION:	
INCIDENT DATE/TIME	

NATURE OF INCIDENT
Briefly state why the Officer should be recognized, or what is it the Officer is alleged to have done, or failed to do; what were the conditions or circumstances at the time; and what resulted:

REPORTING PERSON'S CERTIFICATION

I hereby certify that, to the best of my knowledge, the statements made herein are true. I acknowledge that the making of false statements is punishable under Iowa Code.

Signature of Reporting Person _____ Date

Referred for disposition to: