



# City of Logan Complaint Form



\_\_\_\_\_  
Incident Number

## COMPLAINT FORM

Complainant: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complaint/Allegation made against: \_\_\_\_\_  
 (Employee's Name)

Summary of the Complaint/Allegations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location of occurrence: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Witness: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Notice: Pursuant to Section 136.02, of the Codified Ordinances of the City of Logan, you are notified that statements you are about to make may be presented to a magistrate or judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment.*

\_\_\_\_\_  
Complainant's Signature:

\_\_\_\_\_  
Witness's Signature:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

