Complaint #_____

TOPEKA POLICE DEPARTMENT
CITIZEN RESPONSE FORM

A.

Name: _____

Address:_____ Zip Code:_____

Home Phone:_____Work Phone:_____Work Hours:_____

E-mail address: _____Today's Date_____

Date and Time of Incident:_____

Location of Incident:_____

Officer(s)/Employee(s) Involved:_____

Do you have audio/video recordings of the incident? (please circle) Yes No

If you are submitting a compliment complete section B and skip section C.

B.

In your own words describe the actions of the officer/employee you are commending:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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C.

In your own words describe the complaint and how you feel the matter can be resolved:

I hereby certify that the statements given by me herein are true and accurate to the best of my knowledge.

Signature:_____Date_____

Steps in the complaint process:

1. Complete this form
2. Upon receipt, you will be contacted by a Police Department Representative
3. Update on case will be provided either in writing or by telephone.
4. Written notification of completed investigation.

Please mail completed complaint to: Topeka Police Department
Office of the Chief of Police
320 S. Kansas Suite 100
Topeka, Kansas 66603

If you should have additional questions, please call 785-368-9214