

# CHERRYVALE POLICE DEPARTMENT

## Citizen Complaint Form

The Cherryvale Police Department strives to maintain a professional image and treat citizens fairly. Every citizen shall have the opportunity to voice their complaint concerning the conduct of any Cherryvale Police Department employee.

Please Note: The Cherryvale Police Department does not take third-party complaints.

After completing this form you may leave it with the Chief of Police, or mail, fax it to the Department or scan and electronically send it to:

Mailing Address

Cherryvale Police Department

Chief Jimmy Holt

123 W Main

Cherryvale Kansas 67335

Fax #: (620) 336-2803

Email: [jholt@cherryvaleusa.com](mailto:jholt@cherryvaleusa.com)

### COMPLETING THIS FORM

If we are to thoroughly investigate your complaint you will need to complete all sections of this report. If you have any questions you can request a supervisor meet with you to file the report on your behalf or assist you in completing the report if you prefer.

- Section - A This is the physical address/location of where the allegation took place.  
Please check the appropriate box indicating the date and time the incident occurred.
- Section - B As noted above, the Cherryvale Police Department does not take third-party complaints.  
This section will list your personal information.  
Check the appropriate box for race, sex and yes/no answers that apply.
- Section - C Used to detail injuries and medical staff who treated you.
- Section - D List your witnesses name, address and contact phone number for interview purposes.
- Section - E List the employee(s) you are complaining about.  
If you know the employee's ID # or the car they were driving at the time of the incident,  
list those in this section.
- Section - F Give a complete and detailed account of what occurred and what you are complaining about.
- Section - G There are times when a complainant does not want a formal report but would prefer  
a different kind of action. Tell us how you would like this complaint to be handled.
- Section - H Read, sign and date the signature block.

### ANY QUESTIONS CAN BE DIRECTED TO THE:

Chief Jimmy Holt

(620) 336-2400

[jholt@cherryvaleusa.com](mailto:jholt@cherryvaleusa.com)

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### INCIDENT INFORMATION

#### Section - A

Date Incident Occurred:	Day Incident Occurred: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su
Time Incident Occurred: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location of Incident:

### COMPLAINANT INFORMATION

*[The person filling out this report]*

#### Section - B

Name:	Date of Birth:	Age:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Street Address:	City:	State: Zip:
Contact Phone #:	Email Address:	
Were you arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges:	
Were you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you seek medical attention? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### DESCRIBE YOUR INJURIES BELOW

*[If medical attention was sought, list the name of the doctor or medical institution who treated you]*

#### Section - C

### WITNESS INFORMATION

#### Section - D

Name:	Address:	Contact #:
Name:	Address:	Contact #:
Name:	Address:	Contact #:
Name:	Address:	Contact #:

### EMPLOYEE INFORMATION

*[Cherryvale Police Department employee(s) involved in the allegation]*

#### Section - E

Name:	Employee #:	Car #:
Name:	Employee #:	Car #:
Name:	Employee #:	Car #:
Name:	Employee #:	Car #:

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**INCIDENT DESCRIPTION**

*[Describe in detail what occurred]*

Section - F

**Section - G**

How would you like to see this complaint handled?

**Section - H**

I do hereby affirm the foregoing information is true and complete to the best of my knowledge and belief.

I understand that it is a violation of Kansas law [K.S.A. 21-5904] to willfully make a false report.

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

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

CPD Staff Only

Reviewer Acknowledgement:

Notes:

Shift Supervisor

Sergeant

Lieutenant

Chief of Police

