Please comp	Complaint Control Form  Location of Incident:  Date / Time of Occurrence:  ete this Complaint Form and return by email to: npdstandards@nap	Page: 1
Please comp	Date / Time of Occurrence:	Page: 1
Please comp		Page: 1
_	ete this Complaint Form and return by email to: npdstandards@nap	
By regular ma		lesgov
	ail or in person to:	
Naples Police		
Professional S 355 Riverside	tandards Division	
Naples, FL 34		
•		
Complainant Name:	<u>nformation</u>	
E-mail		
Address:		
Mailing		
Address:		
Day Phone	:	
Evening Phone:		
Date		
Submitted		
City, State Zip:  Day Phone Evening Phone: Date Submitted	: -	

## **COMPLAINT CONTROL FORM (continued)**

## **Details of Alleged Violation(s)**

Please describe your concern, including date, time, location, and case or citation number, appropriate. (Use additional sheets of paper if necessary and attach to this form.)
Signature of Complainant:  It is against the law to file a false complaint and you may be criminally prosecuted and held civilly liable if you knowingly file a false complaint.
Citizen Complaint Procedures
All citizens have the right to file a formal complaint against any member of the Naples Police Department Complaints can be filed with any member of the Department, in person at police headquarters, be contacting a supervisor at 239-213-4844 or by calling the Office of Professional Standards at 239-213-4872. Once a Citizen Complaint Form is completed, the complaint will be assigned to a supervisor for investigation. Upon final disposition and review by the Chief of Police, all complainants will be notified, it writing, of the results of the investigation into the complaint.
Internal Use Only (To be completed by employee receiving complaint):  Date / Time Received:  How Received: Phone □ In Person □ Mail □  Receiving Employee (print):
Case Assignment (To be completed by Chief or his designee):  Discourtesy □ Force □ Misconduct □  Follow-up Assigned to: Professional Standards □ Operations Bureau □
Follow-up Assigned by: Date/Time