

Tracking Number:

**Calcasieu Parish Public Safety Communications District  
Organizational Integrity  
Complaint Form**

**Complainant Information (Public Service Agency *ONLY*)**

<b>Public Service Agency</b>	Name of Agency			
	Agency Representative	(last)	(first)	(rank)
	Address	(street)	(city/state)	(zip code)
	Telephone	( )	Email	

**Complainant Information (Private Citizen *ONLY*)**

<b>Private Citizen</b>	Name	(last)	(first)	(middle)
	Address	(street)	(city/state)	(zip code)
	Telephone	( )	Other Number(s)	( )

**Incident**

*Please describe the circumstances that prompted this complaint. Be specific as possible and include any details that are pertinent to the grievance you have filed.*

Date	/	/	20	Time	AM / PM	(please circle one)
Location	(street)	(city/state)	(zip code)			
Agencies Involved (if known)						
Dispatcher / Call Taker (if known)						
Details						

*Additional paper or the back of this form may be used if needed.*

**Witness Information (if available)**

<b>Witness # 1</b>	Name			
	Address			
	Telephone	( )	Other Number(s)	( )
<b>Witness # 2</b>	Name			
	Address			
	Telephone	( )	Other Number(s)	( )

**Desired Resolution:**

*What would you like the conclusion of this investigation to be?*

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby swear and affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief.

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

\_\_\_\_\_  
Date

*Please Print Legibly*