



# DUNCAN FIRE DEPARTMENT CITIZEN COMPLAINT FORM

## Purpose:

This form allows citizens to report concerns or complaints about the conduct or actions of Duncan Fire Department employees. All complaints are taken seriously and will be reviewed promptly and thoroughly.

## SECTION 1: COMPLAINANT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

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## SECTION 2: INCIDENT DETAILS

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name(s) of Firefighter(s) or Employee(s) Involved (if known):

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Badge Number(s) (if known): \_\_\_\_\_

**Witness Name(s) and Contact Information:**

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### SECTION 3: DESCRIPTION OF INCIDENT

Please describe what happened. Include as much detail as possible (who, what, when, where, and how). Additional space in section 5 or attach evidence if necessary.

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### SECTION 4: COMPLAINANT SIGNATURE

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that providing false information could result in legal consequences.

**Signature:** \_\_\_\_\_

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

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### FOR OFFICE USE ONLY

**Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Complaint Number:** \_\_\_\_\_

**Supervisor Assigned:** \_\_\_\_\_

#### Complaint Classification:

- ☐ Formal
- ☐ Informal
- ☐ Incomplete

#### Disposition:

- ☐ Unfounded
- ☐ Exonerated
- ☐ Not Sustained
- ☐ Sustained

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[illegible]

