



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

SECTION 2: INCIDENT DETAILS

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

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

Badge Number(s) (if known): _____

Witness Name(s) and Contact Information:

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.

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

Notes:

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SECTION 5: DESCRIPTION OF INCIDENT (Continued)

