

**CLEARFIELD POLICE DEPARTMENT
C O N F I D E N T I A L
ALLEGATION OF EMPLOYEE MISCONDUCT**

Date, Time Reported		Received by (Employee Name)		
How Received In Person By Telephone Other _____		Internal Affairs Complaint Nr.	Related Case Numbers	
Date, Time Occurred		Location of Occurrence		
Reporting Party's Name			Sex	Date of Birth
Reporting Party's Home Address		City	State	Sex
Reporting Party's Business Address		City	State	Business Phone

EMPLOYEE(S) NAMED

ID #	FULL NAME	RANK/POSITION	LOCATION/ASSIGNMENT

NARRATIVE: Is the reporting party wanting to provide a written statement? yes no If yes, attach statement.

Action Taken (If Handled by Employee) or Interviewer's Remarks

Signatures are required as dictated by departmental policy. If signature below is not required by policy, it may be left blank.

Signature of Employee taking Complaint	Date	Signature of First Line Supervisor	DATE
Signature of Lieutenant	Date	Signature of Assistant Chief	Date
Signature of Chief of Police	Date	Signature of Reporting Party	Date