



# Columbia Police Department

## Citizen Complaint Form



This form is for use by members of the public who wish to make a complaint concerning an employee of the Columbia Mo Police Department. Please provide as much information as possible as that will assist the investigation into the complaint. An investigator will contact you after the form has been received by the Internal Affairs Unit. An investigation will be conducted and complaint number assigned.

Questions should be directed to the Internal Affairs Unit at 573-817-5015 or 573-817-5014. Please submit the completed form using one of the methods below.

**U.S. Mail or Bring form to:**

Columbia Police Department  
Attn: Internal Affairs Unit  
600 E. Walnut  
Columbia, MO 65201

**On-Line:** <http://www.como.gov/police/internal-affairs-unit/>

**Complaints may also be made through the City Clerk's Office:**

701 E. Broadway, City Hall

**By Mail:**

City Clerk's Office  
P.O. Box 6015  
Columbia, MO 65205

**I. About You**

<b>Title:</b> <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other:		<b>Name (First, Middle Initial, Last):</b>		
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Home Phone:</b> ( ) ( )	<b>Work Phone:</b> ( ) ( )	<b>Cell Phone:</b> ( ) ( )	<b>E-Mail:</b>	
<b>Preferred Method of Contact:</b> <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <b>Preferred Hours:</b>				
<b>Have you reported this incident to anyone else within the Columbia Police Department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, to whom and on what date:</b>				

**II. About Known Witnesses**

Tell us about others who may have witnessed or taken part in the incident. If extra space is needed, list the additional witnesses or information in Section V.

<b>Name:</b>	<b>Address and Phone Number:</b>
<b>Name:</b>	<b>Address and Phone Number:</b>
<b>Name:</b>	<b>Address and Phone Number:</b>

**III. About our Employees**

List all Columbia Police Department employees you are complaining about to include badge number and full name if known. If extra space is needed, list the additional employees or information in Section V.

<b>Employee 1:</b>	<b>Employee 4:</b>
<b>Employee 2:</b>	<b>Employee 5:</b>
<b>Employee 3:</b>	<b>Employee 6:</b>



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### IV. About the Incident

Be as specific as possible and provide all requested information.

<b>Date:</b>	<b>Time:</b>	<b>Location:</b>
<b>Related Police Report Number:</b> <input type="checkbox"/> N/A or Unknown		<b>Columbia Police Department Vehicle License Plate Number:</b> <input type="checkbox"/> N/A or Unknown

### V. Description of Incident

☐ Check here if additional sheets are attached

To assist us with accurately identifying the incident, describe the incident in as much detail as possible (Include names, descriptions, times, badge #s, etc.-Who/what/where/when/why). Use this area to list any additional individuals having knowledge of the incident who were not already disclosed. Attach additional sheets as necessary.

☐ I have read the above statement and by selecting submit I swear or affirm that it is true.

\_\_\_\_\_  
Signature Date Time

☐ If submitting electronically, type your name on the signature line and check this box in place of your signature.

For information on how to obtain an advocate to assist you in the filing of your complaint, contact the Citizens Police Review Board via the City Law Department at 573-874-7223.

For questions about the complaint process or if you need a stamped, pre-addressed envelope to mail your form, please contact the Internal Affairs Unit at the address or phone numbers listed at the top of the form.

**(Internal Use Only)**

IA Pro Incident # \_\_\_\_\_

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

Received by IA Unit \_\_\_\_\_ Date/Time \_\_\_\_\_