



"Strength, Unity, Integrity & Trust"

CNTPD COMPLAINT FORM

Date and Time of Complaint: _____ CNTPD Case #: _____

Date of Incident: _____ Location of Incident: _____

Complainant: _____ Contact Number: _____

Complainant Address: _____

CNTPD Employee(s) Involved: _____

Summary of complaint:



CNTPD COMPLAINT FORM

Summary of complaint continued:



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CNTPD USE ONLY

Findings by Investigator:

Sustained Inconclusive Exonerated Unfounded

Received by: Email Text Phone Other How? _____

Employee(s) received written notice of complaint and their rights:

Employee signature and date	Employee signature and date
Employee signature and date	Employee signature and date

Investigator: _____ Received Date: _____

Initial contact with complainant Date/Time: _____

Follow up with complainant to discuss findings Date/Time: _____

Complaint resolved Date/Time: _____

Employee notified of investigation results by: _____ Date: _____

Complaint reviewed by: _____ Reviewed Date: _____