

**Marshall Police Department**

**Commendation or Complaint Report**

**Commendation**       **Complaint**

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Citizens Last Name    First Name    Middle Name    Race    Sex    DOB

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Citizens Home Address    City    State    Zip

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Citizens Phone #    Cell or Pager #    Business/Work #

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Location or Address of Occurrence    Date    Time

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Personnel involved in the occurrence

**WITNESS INFORMATION**

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Witness Full Name    Relationship to Citizen Filing

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Witness Address    Witness Phone

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Witness Full Name    Relationship to Citizen Filing

---

Witness Address    Witness Phone

---

Witness Full Name    Relationship to Citizen Filing

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Witness Address    Witness Phone



**POLICE DEPARTMENT PORTION OF FORM**

\_\_\_\_\_  
**How commendation/complaint received**

\_\_\_\_\_  
**Formal Allegation**

\_\_\_\_\_  
**Formal Allegation**

\_\_\_\_\_  
**Formal Allegation**

**Disposition- Check One**

**Unfounded**    **Exonerated**    **Not Sustained**    **Sustained**

\_\_\_\_\_  
**Reason**

\_\_\_\_\_  
**Reason**

\_\_\_\_\_  
**Reason**

\_\_\_\_\_  
**Action Taken**

\_\_\_\_\_  
**Action Taken**

**Assigned to** \_\_\_\_\_ **by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Citizen Contacted by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Disposition Letter Sent by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Citizen Appealed** \_\_\_\_\_ **Date** \_\_\_\_\_

**TOT Outside Agency** \_\_\_\_\_ **Date** \_\_\_\_\_

**Property Attached to Complaint and Location:** \_\_\_\_\_

\_\_\_\_\_  
**Approved for Disposal by:** \_\_\_\_\_ **Disposed by:** \_\_\_\_\_