

**CITIZEN COMPLAINT FORM**

Any complaints should be forwarded to the attention of the Chief of Police at the Department address:

Selbyville Town Hall  
1 West Church Street  
P.O. Box 106  
Selbyville, DE 19975

If you are making a formal complaint the attached form shown below must be completed and sent to the Chief of Police. Once the complaint is received an investigating officer will contact you.

**CITIZEN COMPLAINT FORM**

COMPLAINANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE IBM #: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ DO HEREBY SWEAR (OR AFFIRM) THAT THE ALLEGATION(S) MADE BY ME ABOVE ARE TRUE AND UNBIASED TO THE BEST OF MY KNOWLEDGE.

COMPLAINANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*COMPLAINANT SHOULD RECEIVE A COPY OF THIS FORM FOR THEIR RECORD. ORIGINAL COPY WILL BE FORWARDED TO THE CHIEF OF POLICE FOR APPROPRIATE INVESTIGATION AND IF NECESSARY, CORRECTIVE MEASURES.**

**Please print out form, complete and send to the address above.**