



SELBYVILLE POLICE DEPARTMENT

1 West Church Street
Selbyville, DE 19975
Phone: (302) 436-5085

COMPLAINT OF MISCONDUCT FORM

Instructions:

1. Please complete all of the requested information legibly.
2. Describe the circumstances of the incident in as much detail as possible.
3. Completed forms may be submitted in person, by US mail, or by e-mail.

Name of Complainant:		Contact Phone:
Address of Complainant:		
Date of Incident:	Time of Incident:	
Location of Incident:		
Name and Badge Number(s) of Department employee(s): If unknown, give a physical description of the employee(s)		
Known Witness(es):		

COMPLAINT INFORMATION:

Describe the incident in detail in the space provided below. Attach additional pages if needed.

Continued on the next page →

I _____, do hereby swear or affirm that the information contained in this complaint did occur and is true and correct to the best of my knowledge and belief.

Signature of Complainant

INVESTIGATOR'S COMMENTS: *For Official Use Only, do not write below this line.*

SUBMISSION & ADMINISTRATIVE REVIEW

Investigator Signature:	Date:
Supervisor Signature:	Date:
Captain Signature:	Date:
Chief of Police Signature:	Date: