



Navajo Division of Public Safety

Department of Internal Affairs

Complaint Reception Form

Grey area to be filled out by NDIA Personnel

Complaint taken by: _____ Log#: _____
How is complaint being reported? _____
Date: _____ Time: _____

A. Complainant Information

Name: _____ Alias: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Mobile: _____
DOB: _____ SSN: _____ Age: _____ Sex: _____

B. Incident

Nature of Complaint: _____
Complaint Against: _____ Title: _____

District/Department: _____
Incident Date: _____ Time: _____ Location: _____
Description of any injuries: _____

Place of Treatment: _____ Doctors Name: _____
Date of Treatment: _____
Photographs Taken? YES NO

C. Witnesses

Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____



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D. Summary of Complaint (Who? What? When? Where? How? Please provide as much detail as possible)

I, the undersigned, hereby declare this to be a true and correct report. I also understand that to knowingly make a false report is a violation of the law.

Signature of Complainant: _____ Date: _____