ARKANSAS STATE POLICE

ASP-50
(Rev. 11/01/2018)

Complaint and Tracking Form

Control Number _____ ☐ Supervisory Investigation

Member's Name _____ ☐ Departmental Investigation

Complainant's Name:	**Mailing Address:** **City, State Zip**	**Phone No:** ☐ **Cell** ☐ **Home** ☐ **Other**
(1) Witness or Other Complainant:	**Mailing Address:** **City, State Zip**	**Phone No:** ☐ **Cell** ☐ **Home** ☐ **Other**
(2) Witness or Other Complainant:	**Mailing Address:** **City, State Zip**	**Phone No:** ☐ **Cell** ☐ **Home** ☐ **Other**
Date & Time of Incident: ☐ AM Date Time ☐ PM	**Location of the Incident:**	**City/County of Incident:**

Details of the Complaint: *(Attach additional sheets if necessary)*

COMPLAINT AFFIRMATION

I, _____ , do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writings given to any person(s) investigating this complaint may subject me to civil prosecution by the accused.

I further realize that it may become necessary, during the investigation of this complaint, for me to meet with a member(s) of the Arkansas State Police to discuss this complaint, either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony at these hearings may be required. I hereby agree to make myself available to any such court or administrative hearing when requested to do so.

Signed: _____ **Date:** _____

BELOW FOR DEPARTMENT USE ONLY

☐ Internal Complaint ☐ External Complaint

Name of Accepting Department Member: _____
(Rank/First/MI/Last Name/Badge #)

Date Accepted: _____ Time Accepted: _____ ☐ AM ☐ PM
(Month/Day/Year)

*****Please Print Document One-Sided*****