



# ARKANSAS DEPARTMENT OF PUBLIC SAFETY

DPS 112-2  
(Eff. 08/31/2021)

## Complaint and Tracking Form

Control Number

Supervisory Administrative Inquiry

Member's Name

OPS Administrative Inquiry

<b>Complainant's Name:</b>	<b>Mailing Address:</b> City, State Zip	<b>Phone No:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
<b>(1) Witness or Other Complainant:</b>	<b>Mailing Address:</b> City, State Zip	<b>Phone No:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
<b>(2) Witness or Other Complainant:</b>	<b>Mailing Address:</b> City, State Zip	<b>Phone No:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
<b>Date &amp; Time of Incident:</b> Date                      Time <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Location of the Incident:</b>	<b>City/County of Incident:</b>

**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 Inquiry of this complaint, for me to meet with a member(s) of the Arkansas Department of Public Safety 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: \_\_\_\_\_ (Month/Day/Year)      Time Accepted: \_\_\_\_\_  AM     PM

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

**SUPERVISORY ADMINISTRATIVE INQUIRY TRACKING**

<b>Date Recd. by Employee's Commander/Supervisor:</b>	<b>Name of Employee's Troop/Company/Section Commander/Supervisor:</b>	<b>Control Number:</b>
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<b>Date Inquiry Initiated:</b>	<b>Date Inquiry Terminated:</b>
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**COMMANDER/SUPERVISOR DETERMINATION:** *(Attach Investigative Summary with detail of findings/conclusions)*

Sustained                     
  Not Sustained                     
  Exonerated                     
  Unfounded

**Disciplinary Action Taken:**

No Action Taken                     
  Verbal Warning                     
  Employee Counseling                     
  Written Warning

Corrective Action Plan                     
  Other *(Describe)* \_\_\_\_\_

\_\_\_\_\_ **Date Forwarded to Division Commander/Supervisor**                     
 \_\_\_\_\_ **Signature of Troop / Company / Section Commander/Supervisor:**  
 (Rank/First/MI/Last Name/Badge #)

**REVIEW OF DECISION:**

**Division Commander/Supervisor (if applicable):**                     
 I concur /  I do not concur with the Determination

\_\_\_\_\_

\_\_\_\_\_ **Review Date**                      \_\_\_\_\_ **Division Commander/Supervisor Signature** (Rank/First/MI/Last Name/Badge #)

**Deputy Director (if applicable):**                     
 I concur /  I do not concur with the Determination

\_\_\_\_\_

\_\_\_\_\_ **Review Date**                      \_\_\_\_\_ **Deputy Director Signature** (Rank/First/MI/Last Name/Badge #)

**Director/Secretary:**                     
 I concur /  I do not concur with the Commander/Supervisor Determination

Return to Commander/Supervisor for Additional Inquiry                     
 Revise Determination/Action Taken

Forward to OPS for OPS Administrative Inquiry                     
 Other \_\_\_\_\_

**Notes:**

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\_\_\_\_\_ **Review Date**                      \_\_\_\_\_ **Director/Secretary Signature** (Rank/First/MI/Last Name/Badge #)

