

Completing the Citizen Complaint Form

The professional standards function is important for the maintenance of professional conduct of the Derby Police Department. The integrity of the department depends on the personal integrity and discipline of each employee. It is the policy of the Derby Police Department to investigate any charge of misconduct of its members.

To use this form in making a complaint:

1. Fill out the Citizen Complaint Form as completely as possible.
2. Make sure you sign the form.
3. Return the form in a sealed envelope in person or by mail to:

Derby Police Department
Attn: Professional Standards
229 N. Baltimore
Derby, KS 67037

If you have not been contacted within seven days of filing your complaint contact Lt. Brandon Russell, Derby Police Department, at (316) 788-3093 to check the status of the complaint.

Date Reported	Time Reported	Citizen Complaint Form Derby Police Department <i>Print Legibly</i>	Date Occurred	Report No.
Beat Occurred	Day of Week		Case Number(s)	Date Received
Name of Person Taking Report / Duty Assignment			Notifications made	Date/Time Notified

PSI Form 08-01

CITIZEN MAKING COMPLAINT TO COMPLETE BALANCE OF REPORT

Name of Complainant			Last		First		Middle Initial		Address			City		State	
AGE	RACE	SEX <input type="checkbox"/> M <input type="checkbox"/> F		DATE OF BIRTH		OCCUPATION			PHONE NUMBER (HOME) (BUS)						
NAME OF ALLEGED VICTIM OF INCIDENT IF OTHER THAN COMPLAINANT						ADDRESS			PHONE NUMBER (HOME) (BUS)						
NAME OF ATTORNEY/INTERPRETER/PERSON ASSISTING COMPLAINANT						ADDRESS			PHONE NUMBER (HOME) (BUS)						
NAME(S) OF OTHER WITNESSES			LAST		FIRST		MIDDLE INITIAL		ADDRESS			PHONE NUMBER (HOME) (BUS)			
						ADDRESS			PHONE NUMBER (HOME) (BUS)						
						ADDRESS			PHONE NUMBER (HOME) (BUS)						
NAME(S) OF OFFICER(S) COMPLAINT AGAINST (IF KNOWN)						RANK		ID NO.		SHIFT (DAY/NIGHT)		ASSIGNMENT PATROL DET SRO OTHER			
DESCRIPTION		HEIGHT	WEIGHT	HAIR	EYES	SEX <input type="checkbox"/> M <input type="checkbox"/> F		AGE (APPROX)	RACE	OTHER					
NAME						RANK		ID NO.		SHIFT (DAY/NIGHT)		ASSIGNMENT PATROL DET SRO OTHER			
DESCRIPTION		HEIGHT	WEIGHT	HAIR	EYES	SEX <input type="checkbox"/> M <input type="checkbox"/> F		AGE (APPROX)	RACE	OTHER					
SIGNATURE OF PERSON MAKING COMPLAINT						DATE		TIME							

