PROVOST MARSHAL OFFICE

PROFESSIONAL STANDARDS OFFICE

COMPLAINT

NAME: _____ ADDRESS: _____

HOME PHONE: _____ CITY: _____ STATE: _____ ZIP CODE: _____

UNIT: _____

WORK PHONE: _____ CELL PHONE: _____

LOCATION OF INCIDENT: _____

DATE/TIME/DAY: _____

ACCUSED EMPLOYEE: _____

In an effort to conduct a thorough and impartial investigation, the Provost Marshal Office requires the complaint to provide a detailed statement answering all of the following questions.

1. Please describe your complaint in detail. (For example, the employee was discourteous while speaking to me.)

_____

_____

_____

2. Can you identify or describe the employee (s) involved? If so, please explain.

_____

_____

_____

3. Were there any witnesses? Please list their names, telephone numbers, and addresses.

_____

_____

_____

_____

Initial Date Time