



# Alaska Police Standards Council

## Complaint Form

PO Box 111200

Juneau, AK 99811-1200

[www.dps.alaska.gov/APSC](http://www.dps.alaska.gov/APSC)

**Instructions:** Please write legibly. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing it to the above address, emailing it to the Secretary at [wendy.menze@alaska.gov](mailto:wendy.menze@alaska.gov), or returning it to the APSC Office at 450 Whittier Street in Juneau.

**Please indicate the type of complaint you wish to file (you must check one):**

- Formal Complaint:** Involves a serious allegation of misconduct.
- Informal Complaint:** Involves a minor complaint or concern that you would only like on record. You understand it will be for informational purposes only and will not be formally investigated.

### Information about you

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
MAIN PHONE	EMAIL	CELL PHONE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Are you filing this on behalf of someone else?  Yes  No  
If Yes, then complete this section

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE	WORK / CELL PHONE	

### Information about the incident

LOCATION OR ADDRESS OF INCIDENT		INCIDENT DATE	INCIDENT TIME
WITNESS LAST NAME	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WITNESS ADDRESS	CITY	STATE	PHONE
NAME OR ID# OF OFFICER	OFFICER'S EMPLOYER		



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*Nature of action: Check all that apply.*

<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Criminal Activity
<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Other
<input type="checkbox"/> Dishonesty and untruthfulness	

*Briefly describe what happened.*

*I attest that the above information is true and correct to the best of my recollection*

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

RECEIVING EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

Forward this report to Executive Director

**Please keep a copy of this complaint for your records.**