

ST. LOUIS METROPOLITAN POLICE DEPARTMENT COMPLAINT/COMMENDATION FORM

Internal Affairs Division

1915 Olive Street
St. Louis, Missouri 63103
Office (314) 444-5405 Fax (314) 444-5711

Instructions:

1. If you wish to file a complaint against a St. Louis Metropolitan Police Department (SLMPD) employee or praise a SLMPD employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law.
2. You can submit this form by mailing it or by dropping it off at the Internal Affairs Division at the address, at the top of this page.

<i>Office Use Only:</i> Initials: Date:

I wish to file (please check one): **Complaint** **Commendation**

Information About You:

Name: _____ Date of Birth: ____ - ____ - ____ Sex: ____ Race: (optional) _____
Work Phone: () _____ Ext: _____ Home Phone: () _____ Other Message Phone: () _____
Street Address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
Are you filing this information on behalf of someone else? Yes No
IF YES, what is his/her name? _____ What is his/her telephone number? () _____ Age: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Location or Address of Incident? _____ Date of Incident: _____ Time: _____ AM/PM
Witness Name: _____ Phone: () _____
Witness Address: _____
Name of officer(s) or employees involved: _____
Narrative: Briefly describe what happened (attach additional sheets if necessary):

If you are filing a complaint:

Was anyone arrested? Yes No Name of person(s) arrested: _____