IDAHO STATE POLICE
700 South Stratford Drive · Meridian, Idaho 83642
Phone (208) 884-7000 · Fax (208) 884-7290

I wish to file a (please check one):
☐ Complaint ☐ Suggestion

INFORMATION ABOUT YOU

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Msg. Phone: _____
E-Mail Address: _____

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____
Date of Incident: _____ Time of Incident: _____ ☐ am ☐ pm
Officer(s)/Employee(s) Involved (names(s) and/or description): _____

Case/Report/Citation Number: _____ (if known)

WITNESSES/OTHERS INVOLVED

Use additional paper if necessary

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Involvement: _____

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Involvement: _____

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Involvement: _____

STATEMENT/DESCRIPTION OF INCIDENT

Use additional paper if necessary

Please describe the incident in detail: _____

(You may use additional sheets or submit a separate written statement)

DESIRED OUTCOME

Please specify what outcome you are seeking: _____

The Importance of Your Complaint

The complaint process is designed to deal with each case factually and fairly. Persons filing complaints are treated respectfully and accusations against employees are taken seriously. All complaints are investigated thoroughly and all findings are based on the evidence gained during the investigation. However, if it is determined that you have knowingly made a false accusation against an employee, the Idaho State Police may consider seeking criminal prosecution, and the employee has the right to pursue civil litigation against their accuser.

I certify that the foregoing information is true to the best of my knowledge:

PRINT NAME: _____

SIGNATURE: _____
Your signature (or parent/guardian if Complainant is under 18)

DATE: _____