BELLEVUE POLICE

OFFICER/EMPLOYEE COMPLAINT FORM

Instructions:

Complete the form below. Place inside and seal the provided envelope. Mail to or drop off at the Bellevue Police Department, 1510 Wall Street, Bellevue, Ne 68005. You may make this complaint anonymously but understand the investigator will not be able to contact you for additional information or to give you a disposition. Please read the "Guideline for Officer/Employee Complaints" pamphlet for additional information.

Today's Date:			_ Today's Time:		
Name:					
First		Last	Middle		
Address:					
			Zip Code:		
Primary Phone:		Alternate Phone:			
Email:					
			nber:		
Date:		Approxi	mate Time:		
Location:					
Officer(s)/Employee(Involved:	(s)				
Witness Name:		Pho	ne Number:		
Witness Name:	ss Name: Phone Number:				

Summary of Incident:						

Use back, if necessary