



ARKANSAS STATE POLICE

ASP-50
(Rev. 06/28/2017)

Complaint and Tracking Form

Control Number

Member's Name

Complainant's Name:	Mailing Address: City, State Zip	Phone No: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
(1) Witness or Other Complainant:	Mailing Address: City, State Zip	Phone No: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
(2) Witness or Other Complainant:	Mailing Address: City, State Zip	Phone No: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
Date & Time of Incident: Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of the Incident:	City/County of Incident:
Details of the Complaint		

COMPLAINT AFFIRMATION

I, _____, do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writings given to any person(s) investigating this complaint may subject me to civil prosecution by the accused.

I further realize that it may become necessary, during the investigation of this complaint, for me to meet with a member(s) of the Arkansas State Police to discuss this complaint, either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony at these hearings may be required. I hereby agree to make myself available to any such court or administrative hearing when requested to do so.

Signed: _____ **Date:** _____

Name of Accepting Department Member: _____
(Rank/First/MI/Last Name/Badge #)

Date: _____ Time: _____ AM PM
(Mo/Day/Yr)

*****Please Print Document One-Sided*****