



## **IACP Complaint Form**

### ***Person making the complaint***

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you an IACP Member?: \_\_\_\_\_

### ***Person accused in the Complaint***

Name of the Accused \_\_\_\_\_

Relationship of the Accused to the Complainant (employer, co-worker, client etc.): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ***Summary of Complaint***

Date of Incident (If more than one, please report each event on a separate form): \_\_\_\_\_

Where did the specific event occur?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please explain the events that occurred. Provide a thorough description of the alleged conduct and other facts pertinent to your complaint, such as who, what, when, where, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Where there any witnesses to this specific event? If yes, please provide the contact information of any other person(s) who may have witnessed or have pertinent information relevant to the complaint.: \_\_\_\_\_

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Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence as your complaint may be decided solely on the facts you present. (attach additional pages if necessary): \_\_\_\_\_

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Have you attached additional documents to this form? \_\_\_\_\_

***Attestation, Confidentiality and Indemnity***

I affirm that the information provided is the truth to the best of my knowledge and belief. I agree not to disclose all or part of any record, document, file, evidence, or any decision of the Board. **I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS IACP FROM ANY CLAIM OR ACTION THAT MAY RESULT FROM SUCH IMPROPER DISCLOSURE CAUSED IN ANY PART BY MY ACTIONS.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_