



# CITY OF NOME POLICE DEPARTMENT CITIZEN COMPLAINT FORM

Case No. (to be assigned by NPD)

## How to make a complaint about employee conduct.

1. Complaints regarding the conduct of Nome Police Department employees may be filed using this form. The form provides sections for you to give specific details about your complaint. If you need help filling out this form, a supervisor will assist you.
2. This form can be filed in the following ways:
  - A. In person at the Nome Police Department. Advise reception that you wish to make a complaint regarding NPD employee conduct and to direct the form to the Chief of Police.
  - B. By mail. Complete this form and mail it to the Chief of Police at:  
Nome Police Department  
Attn: Chief of Police  
PO Box 1230  
Nome, AK 99762
  - C. By email. Complete this form and email it as an attachment to: [mheintzeman@nomealaska.org](mailto:mheintzeman@nomealaska.org)
    1. A PDF version of this form can be found at:  
[http://www.nomealaska.org/egov/documents/1444241430\\_05032.pdf](http://www.nomealaska.org/egov/documents/1444241430_05032.pdf)

## What to expect once a complaint has been filed.

1. After you file a complaint it will be reviewed and investigated based on the conduct. You may be contacted and asked additional questions about your complaint by the person who received the initial complaint or another NPD employee assigned to investigate the complaint.
2. You will receive a notification, either by mail or email, that your complaint has been received and with further information about how the complaint is assigned for investigation or review.
3. When the investigation has been completed, the Chief of Police will review the investigation and will provide an official correspondence explaining the results of the investigation.

## REPORTING PARTY INFORMATION:

Information provided below is confidential and will not be released. However you may be issued a subpoena to testify if criminal charges result; or to provide additional information, statements or evidence.

Please complete all sections below. The department cannot investigate anonymous complaints.

Name of Person Making Complaint	Residence / Cell Phone #	Work Telephone #	Alternate Contact #
Mailing/Residence Address	Email Address (preferred)	Email Address (alternate)	

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**NOME POLICE EMPLOYEE INFORMATION (if known):**

Please provide identifying information to help us determine which employee was involved. If the contact was by telephone, leave descriptive boxes blank.

NPD Employee Name (if known)	Male/Female	Height	Weight	Hair Color	Eye Color	Approximate Age
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NPD Employee Name (if known)	Male/Female	Height	Weight	Hair Color	Eye Color	Approximate Age
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NPD Employee Name (if known)	Male/Female	Height	Weight	Hair Color	Eye Color	Approximate Age
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**LOCATION/DATE/TIMEINFORMATION:**

Please indicate the date, time and location the event occurred. If there were multiple events, please list them separately with the most recent first and going back in time from that event.

Date of Event	Time of Event	Location of Event (please be specific)
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Date of Event	Time of Event	Location of Event (please be specific)
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Date of Event	Time of Event	Location of Event (please be specific)
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**WITNESS INFORMATION:**

Please list all witnesses to allow for a complete investigation.

Name of Witness	Residence / Cell Phone #	Work Telephone #	Alternate Contact #
Mailing/Residence Address	Email Address (preferred)		Email Address (alternate)

Name of Witness	Residence / Cell Phone #	Work Telephone #	Alternate Contact #
Mailing/Residence Address	Email Address (preferred)		Email Address (alternate)

Name of Witness	Residence / Cell Phone #	Work Telephone #	Alternate Contact #
Mailing/Residence Address	Email Address (preferred)		Email Address (alternate)

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Mailing/Residence Address	Email Address (preferred)		Email Address (alternate)

**PLEASE TELL US WHAT HAPPENED:**

In your own words please tell the basis for your complaint (examples: rude or unprofessional conduct; improper actions; fail to take action; etc.) and what happened. In your statement, please be specific.

Please type your statement in the text box below:

**STATEMENT CONTINUATION:**

**SIGNATURE AND ACKNOWLEDGEMENT:**

I understand that this statement of complaint will be submitted to the Nome Police Department and may be the basis for an investigation. I declare, affirm and understand:

1. The facts contained herein are complete, accurate and true to the best of my knowledge and belief.
2. That my statement is made voluntarily; without persuasion, coercion, or promise of any kind.
3. That by signing and filing this complaint, I agree to appear before a board of inquiry, if one is requested by the accused officer; and to testify under oath concerning all matters relevant to this complaint.

Date Signed	Time Signed
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Signature of Complaining Party

**WARNING:** Knowingly making a false written or recorded statement on this form with the intent to mislead a public servant in the performance of a duty may subject you to criminal prosecution for unsworn falsification, a class A misdemeanor offense.