



Alaska Police Standards Council

Complaint Form

PO Box 111200

Juneau, AK 99811-1200

www.dps.alaska.gov/APSC

Instructions: Please write legibly. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing it to the above address, emailing it to the Secretary at tanya.silva@alaska.gov, or returning it to the APSC Office at 150 3rd Street in Juneau.

Please indicate the type of complaint you wish to file (you must check one):

- Formal Complaint:** Involves a serious allegation of misconduct.
- Informal Complaint:** Involves a minor complaint or concern that you would only like on record. You understand it will be for informational purposes only and will not be formally investigated.

Information about you

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
MAIN PHONE	EMAIL	CELL PHONE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Are you filing this on behalf of someone else? Yes No
 If Yes, then complete this section

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE	WORK / CELL PHONE	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT		INCIDENT DATE	INCIDENT TIME
WITNESS LAST NAME	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WITNESS ADDRESS	CITY	STATE	PHONE
NAME OR ID# OF OFFICER	OFFICER'S EMPLOYER		



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Nature of action: Check all that apply.

<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Criminal Activity
<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Other
<input type="checkbox"/> Dishonesty and untruthfulness	

Briefly describe what happened. Feel free to attach additional pages, if needed.

I swear and affirm, under penalty of Perjury (AS 11.56.200 or AS 11.56.230) and/or Unsworn Falsification (AS 11.56.210), that the information provided in this complaint is true and accurate to the best of my knowledge.

Complainant Signature

Date

RECEIVING EMPLOYEE: _____

DATE: _____

Forward this report to Executive Director