



# RATON POLICE DEPARTMENT

P.O. Box 397 / 224 Savage Ave. / (575) 445-2704

RATON, NEW MEXICO 87740

## REPORT OF COMPLAINT AGAINST CITY PERSONNEL CONFIDENTIAL

Name of Complainant: \_\_\_\_\_

at what address can you be contacted? \_\_\_\_\_

What phone number? Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of Employee against whom complaint is being filed, or other identifying marks:

Dept. \_\_\_\_\_ Name: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Name (s) address/phone number or other identifying information concerning witness:

\_\_\_\_\_

Statement of allegation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If further space is needed, use reverse side of sheet)

I understand that this statement of complaint will be submitted to the City Of Raton and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that, under the regulations of the City of Raton, the employee against whom this complaint is filed may be entitled to request a hearing before a board. By signing and filing this complaint, I hereby agree to appear before a board, if one is requested by an employee and to testify under oath concerning all matters relevant to this complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Check if complainant  
Refused to sign \_\_\_\_\_

\_\_\_\_\_  
Signature of person  
Receiving complaint

\_\_\_\_\_  
Date Received