



METRO SECURITY FORCE INC.
OFFICER COMPLAINT FORM



DATE: _____ **COMPLAINT CASE#** _____

NAME OF OFFICER: _____ **BADGE#:** _____

PERSON MAKING COMPLAINT: _____ **PHONE#:** _____

LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ **TIME:** _____

DETAILS OF COMPLAINT: _____

COMPLAINT TAKEN BY: _____

ACTION TAKEN: _____

OFFICER SIGNATURE: _____ **DATE:** _____

REVEIWED BY: _____ **DATE:** _____

CHIEFS SIGNATURE: _____ **DATE:** _____