



KANSAS COMMISSION ON PEACE OFFICERS' STANDARDS & TRAINING (KS•CPOST)

KSCPOST COMPLAINT FORM FILE NUMBER _____

- Please fill out this form completely. Be specific if describing any allegations of misconduct. If you need assistance of any kind, someone will assist you.
- Mail or deliver to: KS CPOST; 1999 N. Amidon, Suite 350, Wichita, KS 67203
- Upon receipt of this form, you will be communicated with by this agency to:
Clarify details about your complaint and / or
Explain the statutes that govern or the best course of action for your complaint.

Investigations will not be made to determine the lawfulness of an arrest or citation. Guilt or innocence of a criminal or traffic charge is determined only in court.

Name: _____
Last First Middle Initial

Address: _____ City: _____ State: ___ Zip Code: _____

Phone 1:() _____-_____ Phone 2: () _____-_____ Cell: () _____-_____

Email Address: _____

The incident occurred on:

Day: _____ Date: _____ Time: _____ AM () PM ()

Location: _____

Witnesses to this incident (If known):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Officer(s) involved in this incident:

Name: _____ KSCPOST # _____ Agency: _____

Name: _____ KSCPOST # _____ Agency: _____

Name: _____ KSCPOST # _____ Agency: _____

Name: _____ KSCPOST # _____ Agency: _____

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Describe What Happened: (Use detail to fully explain what occurred.)

I hereby affirm that the facts herein reported by me ctg true and accurate. I agree to provide further information as requested.

Name (Printed): _____

Signature: _____ Date: _____

For Cigpe{ Use Only

Method of Receipt: In Person By Phone

Department Personnel Email Mail

Received BY: _____ Date: _____

Investigatqt: _____ Date: _____

Disposition: _____ Completed by: _____

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