

COMPLIMENTS AND COMPLAINTS

Any compliments or complaints should be forwarded to the *attention of the Chief of Police* at the Department address:

Selbyville Town Hall
68 West Church St.
P.O. Box 106
Selbyville, DE 19975

If you are making a formal complaint the attached form shown below must be completed and sent to the Chief of Police. Once the complaint is received an investigating officer will contact you.

CITIZEN COMPLAINT FORM

COMPLAINANT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

EMPLOYEE NAME: _____

EMPLOYEE IBM: _____

NATURE OF COMPLAINT:

I, _____ DO HEREBY SWEAR (OR AFFIRM) THAT THE ALLEGATION(S) MADE BY ME ABOVE ARE TRUE AND UNBIASED TO THE BEST OF MY KNOWLEDGE.

COMPLAINANT SIGNATURE: DATE: _____

RECEIVING OFFICER SIGNATURE: DATE: _____

*COMPLAINANT SHOULD RECEIVE A COPY OF THIS FORM FOR THEIR RECORD. ORIGINAL COPY WILL BE FORWARDED TO THE CHIEF OF POLICE FOR APPROPRIATE INVESTIGATION AND IF NECESSARY, CORRECTIVE MEASURES.

Please print out form, complete and send to the address above.