WENTZVILLE POLICE DEPARTMENT

COMPLAINT AGAINST POLICE DEPARTMENT EMPLOYEE

If you feel a Wentzville Police Department Employee acted improperly, you may voice your concerns to any of the agency’s supervisors. They can be reached by responding to the Wentzville Law Enforcement Center located at 1019 Schroeder Creek Blvd. or by calling (636) 327-5105. You may contact the Office of Professional Standards during normal business hours if you prefer by calling (636) 327-5105.

Upon lodging your complaint, a supervisor will interview you regarding the matter. If the complaint is of a serious nature, the complainant must appear in person, complete a complaint form, which will be filed with the Professional Standards Bureau. The complainant, all witnesses, and the employee will be interviewed. The investigation is then continued until finalized. The results of the investigation are then forwarded to the Chief of Police.

If the complaint has been sustained, the Chief will, in some manner ranging from retraining to dismissal, discipline the employee. If, at the time, the employee accepts the discipline, the proper personnel procedures are followed and the matter is ended. However, if the employee decides not to accept the discipline, the employee has an option of appealing the decision. If dissatisfied with the ruling, they may appeal to the court system. In all cases, the complainant is notified in writing of the results of the investigation.

ALL COMPLAINTS ARE INVESTIGATED. Caution: If the investigation reveals the complaint was made maliciously, in bad faith, or with the knowledge that the accusation was false, steps shall be taken, whenever appropriate, to prosecute the complainant for making a false police report and/or to institute such civil action as is deemed appropriate.

Having read and understood the aforementioned information regarding the filling and processing of a complaint against an employee of the City of Wentzville, Missouri, Police Department, I, ____________________________, the complainant, do agree to submit to a polygraph examination, relative to my complaint, if deemed necessary.

Complainant’s Signature_________________________________ Date ________________

Witness______________________________________________ Date ________________
WENTZVILLE POLICE DEPARTMENT
COMPLAINT SUMMARY

COMPLAINANT’S NAME: ____________________________________________

HOME ADDRESS: __________________________________________________

BUSINESS ADDRESS: _____________________________________________

HOME PHONE: ___________________ BUSINESS PHONE: ___________________

EMPLOYEE(S) INVOLVED: __________________________________________

DATE OF OCCURRENCE: ___________________ TIME OF OCCURRENCE: __________

DATE OF REPORTING: _______________ TIME OF REPORTING: ______________

PROFESSIONAL STANDARDS BUREAU TRACKING NUMBER __________________________

SUPERVISOR SUMMARY OF COMPLAINT:

________________________________________________________________________

Charge 1:

________________________________________________________________________

Charge 2:

________________________________________________________________________

Charge 3:

________________________________________________________________________

Charge 4:

________________________________________________________________________

Charge 5:

________________________________________________________________________

Charge 6:

________________________________________________________________________

Charge 7:

________________________________________________________________________

Charge 8:
Charge 9:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Charge 10:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

INVESTIGATED BY: ____________________________________________

☐ INVESTIGATED BY SUPERVISOR ☐ REFERRED TO OPR

☐ RECOMMENDED FURTHER INVESTIGATION - IF NEEDED,

EXPLAIN________________________________________________________

________________________________________________________

COMPLAINT RESOLUTION:

☐ Exonerated

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

☐ Unfounded

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

☐ Not Sustained

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

☐ Sustained

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

☐ Policy Flaw

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
COMANDER
REVIEW:_______________________DATE:_______________________________
CONCUR:____YES _____NO
COMMENTS:_______________________________________________________________________________________

DEPUTY CHIEF REVIEW:_______________________DATE________________________
CONCUR: _____YES _____NO COMMENTS
_______________________________________________________________________________________

CHIEF OF POLICE REVIEW:_______________________DATE:________________________
CONCUR: _____YES _____NO COMMENTS:
_______________________________________________________________________________________

COMPLAINANT:_____________________________________________
DATE: _________________________
COMPLAINANT’S ADDRESS:__________________________________________________________________________

WITNESS:__________________________________________________
DATE:__________________________
WITNESS ADDRESS:__________________________________________________________________________

________________________________________________________________________________________