



Billings Police Department

Citizen Complaint and Commendation Form



Submit Completed Form to: bpd@ci.billings.mt.us or

By Fax to: 406-657-8417 or

By Mail to: Billings Police Department, PO Box 1554, Billings, MT 59103

I WANT TO FILE A: **COMPLAINT** **COMMENDATION**

C&O (if applicable): _____

Date: _____

INFORMATION ABOUT YOU:

Name: _____ Date of Birth: _____

Address: _____

Home: (____) _____ Work: (____) _____

Cell: (____) _____ E-mail: _____

INFORMATION ABOUT THE INCIDENT:

Date: _____ Time: _____ AM PM

Address/Location: _____

INFORMATION ABOUT THE BILLINGS POLICE DEPARTMENT OFFICER(S) OR EMPLOYEE(S) INVOLVED:

Name: _____ Badge Number: _____

Name: _____ Badge Number: _____

INFORMATION ABOUT A WITNESS (continue on reverse side; attach additional pages or documents if needed):

Name: _____ Phone: (____) _____

Address: _____

NATURE OF COMPLAINT OR COMMENDATION (continue on reverse side; attach additional pages or documents if needed):

KNOWINGLY MAKING A FALSE STATEMENT AGAINST AN OFFICER IS ILLEGAL

You have the right to file a complaint; however, it is against the law pursuant to MCA 45-7-205 for an individual to file a report based on false information.

SIGNATURE: _____ **DATE:** _____

(DEPARTMENT USE ONLY BELOW THIS LINE)

REPORT RECEIVED BY: _____

INVESTIGATIVE COMMENTS: _____

DISPOSITION OF COMMENDATION / COMPLAINT

- | | |
|--|---|
| <input type="checkbox"/> Court Issue | <input type="checkbox"/> Commendation – place in personnel file |
| <input type="checkbox"/> Resolved with citizen/no further action necessary | <input type="checkbox"/> Complaint – Forward to IA |
| <input type="checkbox"/> Referred to _____ | <input type="checkbox"/> Unfounded |
| <input type="checkbox"/> Other _____ | |

SIGNATURE OF SUPERVISOR: _____ **DATE:** _____

SIGNATURE OF CAPTAIN: _____ **DATE:** _____

SIGNATURE OF RESPONSIBLE DEPUTY CHIEF: _____ **DATE:** _____

SIGNATURE OF CHIEF OF POLICE: _____ **DATE:** _____