



# *Flagstaff Police Department Complaint Process*



## ***Our Policy***

It is the commitment of the Flagstaff Police Department to investigate all complaints against the department and/or its employees. This ensures the integrity of the department while protecting the rights and interests of both citizens and department employees.

## ***Who May Complain?***

Any person, regardless of age, sex or nationality, who believes they witnessed or has direct knowledge of possible police misconduct, may file a complaint with Flagstaff Police Department.

## ***When Should You Make a Complaint?***

You should contact the department whenever you witness behavior by any department employee which is a violation of city, state, or federal law or involves the excessive use of force, discourteous behavior or abuse of authority.

## ***How Do You File a Complaint?***

Generally, complaints are filed through the supervisor of the employee involved. If the immediate supervisor is unavailable, another supervisor may take the complaint. Please call 928-774-1414 if you wish to talk to a supervisor. Complaints may also be filed on this page of our web site. You are also encouraged to provide a written statement documenting your complaint on the citizen complaint form.

## ***Who Investigates the Complaint?***

Department supervisors are charged with maintaining discipline and overseeing the conduct of the employees assigned to them. In all cases, supervisors conduct an investigation and report the incident through the chain of command for disposition. The Professional Standards Section will conduct serious administrative investigations. The Criminal Investigations Bureau will investigate complaints involving alleged criminal activity.

## ***What Will You Be Told?***

After a thorough investigation of the complaint, the employee's supervisor or the office of professional standards will promptly contact you in writing. You will be advised of the supervisor's findings and whether disciplinary action will be taken. You will not be advised of the specific disciplinary action taken.

## ***Our Commitment to You***

Employees of the Flagstaff Police Department shall at all times strive to be courteous and professional in all dealings with the citizens we serve. It is the hope of Flagstaff Police Department that all contacts with our officers are positive. If not, we will endeavor to resolve your complaint to your satisfaction in a prompt and objective way.

## ***Shared Responsibility***

The Flagstaff Police Department views all citizen complaints against its employees very seriously and actively pursues investigation into misconduct. For this reason, you must ensure that your complaint is based on fact and that you have provided us with all of these facts to the best of your ability.

***Under Arizona Law Section 38-1120, the Flagstaff Police Department is required to inform you, prior to accepting a complaint, of the following information:***

***Pursuant to ARS § 13-2907.01, it is a class 1 misdemeanor to knowingly make to a law enforcement agency a false, fraudulent or unfounded report or statement or to knowingly misrepresent a fact for the purpose of interfering with the orderly operation of a law enforcement agency or misleading a peace officer.***



# Flagstaff Police Department

## Citizen Commendation/Complaint Form

“Ad Honorem”



- This form can be faxed to (928) 213-3372, hand delivered, or mailed to the Flagstaff Police Department at 911 Sawmill Road, Flagstaff, AZ 86004
- Or you can file a [citizen commendation/complaint electronically](#)

**Information about you:**

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Intial \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ M / F

**Address:**

Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Incident Information:**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Location \_\_\_\_\_  
 Flagstaff Police Department report number: \_\_\_\_\_

**Officer (s) Involved:**

Name \_\_\_\_\_ Badge or ID# \_\_\_\_\_  
 Name \_\_\_\_\_ Badge or ID # \_\_\_\_\_

**Please document the incident in writing below (attach additional pages, if necessary):**

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Signature of person making complaint \_\_\_\_\_ Date \_\_\_\_\_

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