ARKANSAS DEPARTMENT OF PUBLIC SAFETY

DPS 112-2
(Eff. 08/31/2021)

Complaint and Tracking Form

Control Number _____ ☐ Supervisory Administrative Inquiry

Member's Name _____ ☐ OPS Administrative Inquiry

Complainant's Name:	**Mailing Address:** **City, State Zip**	**Phone No:** ☐ **Cell** ☐ **Home** ☐ **Other**
(1) Witness or Other Complainant:	**Mailing Address:** **City, State Zip**	**Phone No:** ☐ **Cell** ☐ **Home** ☐ **Other**
(2) Witness or Other Complainant:	**Mailing Address:** **City, State Zip**	**Phone No:** ☐ **Cell** ☐ **Home** ☐ **Other**
Date & Time of Incident: ☐ AM Date Time ☐ PM	**Location of the Incident:**	**City/County of Incident:**

Details of the Complaint: *(Attach additional sheets if necessary)*

COMPLAINT AFFIRMATION

I, _____ , do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writings given to any person(s) investigating this complaint may subject me to civil prosecution by the accused.

I further realize that it may become necessary, during the Inquiry of this complaint, for me to meet with a member(s) of the Arkansas Department of Public Safety to discuss this complaint, either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony at these hearings may be required. I hereby agree to make myself available to any such court or administrative hearing when requested to do so.

Signed: _____ **Date:** _____

BELOW FOR DEPARTMENT USE ONLY

☐ Internal Complaint ☐ External Complaint

Name of Accepting Department Member: _____
(Rank/First/MI/Last Name/Badge #)

Date Accepted: _____ Time Accepted: _____ ☐ AM ☐ PM
(Month/Day/Year)

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SUPERVISORY ADMINISTRATIVE INQUIRY TRACKING

Date Recd. by Employee's Commander/Supervisor:	Name of Employee's Troop/Company/Section Commander/Supervisor:	Control Number:

Date Inquiry Initiated:	Date Inquiry Terminated:

COMMANDER/SUPERVISOR DETERMINATION: *(Attach Investigative Summary with detail of findings/conclusions)*

☐ Sustained ☐ Not Sustained ☐ Exonerated ☐ Unfounded

Disciplinary Action Taken:

☐ No Action Taken ☐ Verbal Warning ☐ Employee Counseling ☐ Written Warning

☐ Corrective Action Plan ☐ Other *(Describe)* _____

_____ _____

Date Forwarded to Division Commander/Supervisor | **Signature of Troop / Company / Section Commander/Supervisor:** (Rank/First/MI/Last Name/Badge #)

REVIEW OF DECISION:

Division Commander/Supervisor (if applicable): ☐ **I concur /** ☐ **I do not concur with the Determination**

_____

_____ _____

Review Date | **Division Commander/Supervisor Signature** (Rank/First/MI/Last Name/Badge #)

Deputy Director (if applicable): ☐ **I concur /** ☐ **I do not concur with the Determination**

_____

_____ _____

Review Date | **Deputy Director Signature** (Rank/First/MI/Last Name/Badge #)

Director/Secretary: ☐ **I concur /** ☐ **I do not concur with the Commander/Supervisor Determination**

☐ **Return to Commander/Supervisor for Additional Inquiry** ☐ **Revise Determination/Action Taken**

☐ **Forward to OPS for OPS Administrative Inquiry** ☐ **Other** _____

Notes:

_____

_____

_____ _____

Review Date | **Director/Secretary Signature** (Rank/First/MI/Last Name/Badge #)

*****Please Print Document One-Sided*****

OPS ADMINISTRATIVE INQUIRY TRACKING

Date Recd. by OPS:	OPS Investigator Assigned:	Control Number:

Date Inquiry Initiated:	Date Inquiry Terminated:

Date Forwarded to Director or Designee

Signature of OPS Investigator: (Rank/First/MI/Last Name/Badge #)

Review Date

Signature of Director or Designee: (Rank/First/MI/Last Name/Badge #)

ASP ONLY:

☐ **Command Staff Review Board (CSRB) Hearing**

CSRB Determination: **Date of Hearing:** _____

☐ Sustained ☐ Not Sustained ☐ Exonerated ☐ Unfounded

Comments:

Date

Signature of CSRB Chair (Rank/First/MI/Last Name/Badge #)

Review Date

Signature of Deputy Director: (Rank/First/MI/Last Name/Badge #)

FINAL DISPOSITION (CHECK ALL THAT APPLY)

☐ **No Action Taken**
☐ **Administratively Closed**
☐ **Written Warning/Counseling**
☐ **Letter of Reprimand**
☐ **Transfer**
☐ **Suspension**
☐ **Reduction in Grade/Rank**
☐ **Termination**
☐ **Other** _____

Comments/Final Recommendations:

Date of Decision

Signature of Director/Secretary: (Rank/First/MI/Last Name/Badge #)

*****Please Print Document One-Sided*****