



## City of Winfield Chain of Command for Filing Complaints

Any criminal activity or emergency should be reported to police by calling either 911 or the non-emergency number for dispatch at 636-528-6100 option (1) and asking to speak to an officer.

Mayor - mayor@winfieldmo.org

- \*\*City Manager
- \*\*Chief of Police
- \*\*Director of Public Works
- \*\*All Aldermen

City Manager-cityclerk@winfieldmo.org

- \*\*Deputy Clerk
- \*\*Accounts Payable Clerk
- \*\*Water/Sewer Clerk

Chief of Police-bwideman@winfieldmo.org

- \*\*Police Officer
- \*\*Part-Time Officer
- \*\*Reserve Officer
- \*\*Detective/Investigator
- \*\*Evidence Officer

Director of Public Works - publicworks@winfieldmo.org

- \*\*General Maintenance Crew
- \*\*Water Crew
- \*\*Sewer Crew
- \*\*Street Crew



## CIVILIAN COMPLAINT FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

DATE/TIME OF OCCURENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COMPLAINT IS BEING MADE AGAINST (IF KNOWN): \_\_\_\_\_  
(name, physical description, badge/car #, etc)

BRIEF DESCRIPTION OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER WITNESSES TO INCIDENT: *(If available)*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE ANSWER EACH QUESTION BELOW WITH "YES" "NO" "UNSURE"

1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?  
\_\_\_\_\_
2. Are you afraid for your safety, or that on any other person, for any reason as a result of making this complaint? \_\_\_\_\_
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint? \_\_\_\_\_

4. Are you able to read, write, and speak the English Language? \_\_\_\_\_
5. If your answer to question #4 is No or Unsure, have you been provided with adequate language assistance to help you understand and fill out this form? \_\_\_\_\_

If you answered yes to any of the above questions, please provide details in statement.

HOW WAS COMPLAINT RECEIVED: IN PERSON  TELEPHONE  MAIL  EMAIL  OTHER

*I HAVE READ OR HAD READ TO ME, THE ABOVE AND ATTACHED COMPLAINT AND STATEMENT CONSISTING OF \_\_\_\_\_ PAGES. ALL OF THE ANSWERS ARE TRUE AND ACCURATE TO MY KNOWLEDGE. I UNDERSTAND THAT MAKING A FALSE STATEMENT INTENDED TO MISLEAD A LAW ENFORCEMENT OFFICER OR CITY OFFICAL IN HIS/HER OFFICIAL FUNCTION COULD RESULT IN THE FILING OF A FALSE REPORT.*

SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

INDIVIDUAL RECEIVING COMPLAINT (complete the section below):

**CITY'S RECEIPT  
DO NOT DETACH**

*This is to acknowledge (Complainant name) \_\_\_\_\_ has made a complaint concerning activity of An Employee(s) of the City of Winfield. This complaint will be reviewed by the department according to existing procedures. You may be requested to appear for an interview. You will be notified of the outcome of the review.*

Name of interpreter (if used): \_\_\_\_\_

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(PRINT)

**COMPLAINANT'S RECEIPT  
DETACH AND GIVE TO COMPLAINANT**

*This is to acknowledge (Complainant name) \_\_\_\_\_ has made a complaint concerning activity of An Employee(s) of the City of Winfield. This complaint will be reviewed by the department according to existing procedures. You may be requested to appear for an interview. You will be notified of the outcome of the review.*

Name of interpreter (if used): \_\_\_\_\_

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(PRINT)





