



# KANSAS COMMISSION ON PEACE OFFICERS' STANDARDS & TRAINING (KS•CPOST)

KSCPOST COMPLAINT FORM FILE NUMBER \_\_\_\_\_

- Please fill out this form completely. Be specific if describing any allegations of misconduct. If you need assistance of any kind, someone will assist you.
- Mail or deliver to: KS CPOST; 1999 N. Amidon, Suite 350, Wichita, KS 67203
- Upon receipt of this form, you will be communicated with by this agency to:  
Clarify details about your complaint and / or  
Explain the statutes that govern or the best course of action for your complaint.

Investigations will not be made to determine the lawfulness of an arrest or citation. Guilt or innocence of a criminal or traffic charge is determined only in court.

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1:( ) \_\_\_\_\_-\_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_-\_\_\_\_\_ Cell: ( ) \_\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_

**The incident occurred on:**

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ( ) PM ( )

Location: \_\_\_\_\_

**Witnesses to this incident (If known):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Officer(s) involved in this incident:**

Name: \_\_\_\_\_ KSCPOST # \_\_\_\_\_ Agency: \_\_\_\_\_

Name: \_\_\_\_\_ KSCPOST # \_\_\_\_\_ Agency: \_\_\_\_\_

Name: \_\_\_\_\_ KSCPOST # \_\_\_\_\_ Agency: \_\_\_\_\_

Name: \_\_\_\_\_ KSCPOST # \_\_\_\_\_ Agency: \_\_\_\_\_

**KANSAS COMMISSION ON PEACE OFFICERS' STANDARDS AND TRAINING  
COMPLAINT FORM  
PAGE 1**



# KANSAS COMMISSION ON PEACE OFFICERS' STANDARDS & TRAINING (KS•CPOST)

Describe What Happened: (Use detail to fully explain what occurred.)

I hereby affirm that the facts herein reported by me ctg true and accurate. I agree to provide further information as requested.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Cigpe{ Use Only

Method of Receipt:       In Person                      By Phone                     

Department Personnel                      Email                      Mail

Received BY: \_\_\_\_\_ Date: \_\_\_\_\_

Investigatqt: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_ Completed by: \_\_\_\_\_

**KANSAS COMMISSION ON PEACE OFFICERS' STANDARDS & TRAINING COMPLAINT  
FORM PAGE 2**

**KANSAS COMMISSION ON PEACE OFFICERS' STANDARDS AND TRAINING  
COMPLAINT FORM  
PAGE 3**