FOR OFFICE USE ONLY

Complaint #_____

Received by:_____

Date:_____

Forwarded to:_____

Review Deadline:_____

(10 working days)

CAMP VERDE MARSHAL'S OFFICE
CITIZEN COMPLAINT PROCEDURE

646 S 1st Street – Camp Verde, AZ 86322
928-567-6621

It is the policy of the Camp Verde Marshal's Office to investigate all complaints against the department or its employees. This ensures the integrity of the department and protects the rights and interests of both citizens and department employees. The department will take complaints in any form and they may be made anonymously. The following is a brief synopsis of what you may expect to happen:

How to File a Complaint:

Complete the written complaint form following the instructions listed below. Complaint Forms are on file in the Marshal's Office Administrative Department located at 646 S. 1st Street, Camp Verde.

You must sign and date a written complaint form and mail or hand-deliver it to the Marshal's Office. (Under no circumstances, will phone calls, emails, faxes or other forms of telecommunication be accepted). The Complaint must state specific dates, facts, and other pertinent information. You may attach any relevant documents supporting your claim. If you plan to include comments or statements by other witnesses, you must submit their signed and dated statements with your complaint. Your complaint cannot be amended nor may the employees at the Marshal's Office receive additional information related to your complaint once it has been submitted.

TYPE OF COMPLAINT

☐ Personnel: Name of Employee**:**_____

☐ Non-Personnel: Department**:**_____

☐ Be Specific**:**_____

What to expect:

1. Upon receipt of your written complaint, the Marshal's Office will date stamp the complaint, assign a complaint Number (i.e. CVMO-12-01) and forward to the appropriate supervisor. You will receive in writing notification of the complaint number, date received, and person who received the written complaint.

2. The supervisor has ten (10) working days after receipt of the complaint from the administration to respond in writing. This written response will be mailed to you and a copy will be filed in the Marshal's Office.

3. If the response is not satisfactory to you, you have ten (10) working days from the date of the written response to request that the Town Manager review the matter. The request must be filed, in writing, with the Clerk's Office, and must reference the original complaint number. Note: phone calls, emails, faxes or other forms of communication will not be considered. The Town Manager will review the matter within ten (10) working days, and notify you of his determination with regard to your complaint. The Town Manager may concur with the response of the Department Head or recommend additional action.

Name:_____ **Mailing Address:**_____

Physical Address:_____ **Telephone #:**_____

State the details of your complaint or information: Use the reverse side or additional pages if necessary. If you have any relevant documents, please attach photo copies only. DO NOT ATTACH ORIGINAL DOCUMENTS.

The information presented in this complaint form is true, correct and complete to the best of my knowledge, Furthermore, I acknowledge that I have read and understand the procedures. Note: a complaint is a public record and by law we must provide the name of the complainant. **If you intentionally make a false report to this department, you should know that making the false report could result in criminal and/or civil legal proceedings being filed against you.**

X_____ X_____

Signature **Date**

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Sent to Department head for review _____ **Review Deadline**_____

Date Date (10 working days)

Action Taken_____

Date

Manager Review (if applicable)_____ **Review Deadline**_____

Date (if applicable) Date (if applicable)