



**NEVADA DEPARTMENT OF CORRECTIONS**  
**STANDARDIZED COMPLAINT FORM**

Case # \_\_\_\_\_

Accused Employee		Accused Employee Title					
Assigned Institution		Peace Officer <input type="checkbox"/> Yes <input type="checkbox"/> No					
Complainant Name (Offender ID number)		Complainant Home Telephone		Complainant Home Address (If Offender, Institution)			
Complainant Race White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>		Complainant Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Complainant DOB		Offender <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complainant's Employer		Complainant's Business Telephone		Complainant's Business Address			
Witness Name		Witness Telephone		Witness Address			
Witness Name		Witness Telephone		Witness Address			
Date and Time of Incident			Location of Incident				
Date and Time Reported			Method Complaint Filed <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> 3rd Party <input type="checkbox"/> Other				
Report Taken By		Title / ID Number		Location			
Details of Complaint							
<i>(USE ADDITIONAL SHEETS IF NEEDED)</i>							
Complainant's Signature		Report Taken By Signature		Reviewing Supervisor Signature			
				ID Number      Date			

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