



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			
(USE ADDITIONAL SHEETS IF NEEDED)			
Complainant's Signature	Report Taken By Signature	Reviewing Supervisor Signature	
		ID Number	Date

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DOC 1064 (01-26)