*To be filled out by Complainant*

|  |  |
| --- | --- |
| **Complainant's Name:** | **Date:** |
| **Phone #:** | **Address:** |
| **Email Address:** | **Agency (if applicable):** |

**Complaint Information (fill as applicable):**

|  |  |
| --- | --- |
| **Agency Case #:** | **BFS Case #:** |
| **Court Case #:** | **Date of Occurrence:** |
| **Nature of Complaint:**  Customer Service  Misconduct  Testimony  Personnel  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Laboratory Section:**  Evidence Intake  Video Analysis  Fire Debris Analysis  All Areas  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Description of Complaint:**  **Any documentation provided with complaint?**  Yes  No | |

*For Internal Use Only*

|  |  |
| --- | --- |
| **Name of person documenting complaint:** | **Method of receiving complaint:**  Email  Letter  Phone call  Survey  Oral communication  Testimony Evaluation  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature:** |
| **Date** |

|  |  |
| --- | --- |
| **Bureau Chief, or Designee Name:** | **Date Form Received:** |

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| **Communication with Complainant:** |
| **Acknowledgment of complaint receipt to complainant:**   Yes  No |
| **Complaint determined to be:**  Valid  Invalid  Undetermined |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lab Member(s) Interviewed:** | | **Date of Interview:** | | |
| **Interview Notes:** | | | | |
| **Results of Investigation:**  **Was the complainant notified of the resolution of the complaint**?  Yes  No | | |
| **CAR Required:**  Yes  No | **CAR #:** | | |
| **Risk Identified:**   Yes  No  **Improvement:**   Yes  No | **Bureau Chief, or Designee/Date** | | |