*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:**  |

|  |
| --- |
| **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** |