



THE CITY OF **MADRAS**

CITIZEN REPORT

CITIZENS of the City of Madras:

A relationship of trust and confidence between the City of Madras employees, members of the City of Madras Police Department and the community that they serve is essential for effective governing and law enforcement. City of Madras employees, elected officials and law enforcement officers must be free to exercise their best judgment and to initiate law and code enforcement action in a reasonable manner without fear of reprisal. So too, enforcers of city ordinances as well as local and state law have a special obligation to meticulously respect the rights of all persons.

The City of Madras acknowledges its responsibility to provide a just and open investigation of citizen complaints regarding the conduct of its members. You will be notified of the results of your complaint upon the completion of the investigation.

NAME (LAST, FIRST MIDDLE) **DATE OF REPORT**

ADDRESS (CITY, STATE ZIP CODE) **PHONE NUMBER**

VICTIM OF MISCONDUCT (IF OTHER THAN ABOVE) **DATE OF MISCONDUCT**

ADDRESS (CITY, STATE ZIP CODE) **PHONE NUMBER**

WITNESSES: (INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER)

DEPARTMENT MEMBER(S) PROMPTING THIS COMPLAINT:
(INCLUDE NAME, CITY DIVISION, CAR NUMBER, BADGE NUMBER AND DESCRIPTION)

**THIS FORM MUST BE TURNED IN TO THE CITY HR & ADMINISTRATIVE DIRECTOR, AT: MADRAS CITY HALL,
125 SW E ST., MADRAS, OR 97741 OR BY EMAIL cmiller@cityofmadras.us. Direct Phone: 541-325-0312**

PLEASE PROVIDE DESCRIPTION OF INCIDENT BELOW

NARRATIVE:

(Please attach additional pages as necessary.)

This complaint is based on perceived racial or bias based profiling. Meaning the individual(s) have been targeted for suspicion of violating a provision of law or city ordinance based solely on the real or perceived factor of the individuals' age, race ethnicity, color, national origin, language, gender, gender identity, sexual orientation, political affiliation, religion, homelessness or disability.

SIGNATURE OF REPORTING PARTY **DATE**
(OR PARENT/GUARDIAN)

CITY/PD EMPLOYEE RECEIVING COMPLAINT **DATE**