

SCOTTS VALLEY FIRE PROTECTION DISTRICT COMPLAINT INTAKE FORM

Location:	Date/Time:
Incident Summary/Nature of Complaint:	

Personnel Involved:

Other Documentation:	<i>Remarks:</i>
<input type="checkbox"/> Computer File	
<input type="checkbox"/> Photos	
<input type="checkbox"/> Sketch	
<input type="checkbox"/> Video Tape	
<input type="checkbox"/> Written Report	

<i>Witnesses (Including contact information if available):</i>

Follow up Actions:
Investigation By:

Disposition Follow up to Complaint:
Violation(s) Cited:

Investigation Findings:	<i>Remarks:</i>
<input type="checkbox"/> Unfounded	
<input type="checkbox"/> Not Sustained	
<input type="checkbox"/> Exonerated	
<input type="checkbox"/> Sustained	
<input type="checkbox"/> No Findings	