



GRANTSVILLE CITY POLICE DEPARTMENT

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OFFICE OF INTERNAL AFFAIRS

INVOLVED OFFICER'S NAME _____

COMPLAINANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ DATE _____ TIME _____

PLACE _____

OFFICER'S ACTIONS/NATURE OF COMPLAINT: _____

I UNDERSTAND THAT THIS IS AN OFFICIAL REPORT AND THAT IF I DELIBERATELY MAKE FALSE STATEMENTS IN THIS REPORT OR TO THE INVESTIGATING OFFICER, I UNDERSTAND THAT I HAVE COMMITTED THE CRIMINAL OFFENSE AND WILL BE PROSECUTED FOR SUCH STATEMENTS. PURSUANT TO UTAH STATE LAW UCA 76-8-504/76-8-606 ONLY SIGNED WRITTEN COMPLAINTS WILL BE INVESTIGATED.

SIGNATURE _____ DATE _____