

TOWN OF DENTON

COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding the Town of Denton policies and procedures, or response time to a location, contact the Director of the affected Department. For complaints against any Director, contact the Town Council. Upon the completion of this form, you may either return it in person to the Denton Town Office, mail to the Town of Denton, Attn: Citizen Complaint, 4 N. 2nd Street, Denton, MD 21629..

Name \_\_\_\_\_ Phone \_\_\_\_\_ Day  Evening   
Address \_\_\_\_\_ Language Spoken \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Names and Department of Employees involved (If known):

\_\_\_\_\_  
\_\_\_\_\_

Names, addresses, and telephone numbers of witnesses present at time of occurrence (If known)

\_\_\_\_\_  
\_\_\_\_\_

(LIST ADDITIONAL EMPLOYEE AND WITNESSES UNDER THE 'DETAILS' SECTION)  
Details – (Please state your complaint, including names, times locations, witnesses, and any other information that would be helpful in investigating your complaint. If names are unknown, please describe what each employee looked like.)

Date \_\_\_\_\_ Signature \_\_\_\_\_

Town of Denton  
4 N 2nd St. Denton, MD 21629  
www.dentonmaryland.com

Citizen Complaint – Town Employee Form  
Last Form Update 04/25/2016

**DEPARTMENT USE ONLY**

To be completed by the Director / Administrator / Supervisor receiving this form.

Name \_\_\_\_\_ Title \_\_\_\_\_

Date and Time Received \_\_\_\_\_

Final Disposition \_\_\_\_\_  
*(i.e. forwarded to Town Administrator, Attorney, sent correspondence to complainant, etc.)*

(Attach additional sheets if needed,) \_\_\_\_\_ Number of \_\_\_\_\_

Reviewer Comments and Notes: