

# 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, please contact the Town Administrator. Upon completion of this form, you may either return it in person to the Denton Town Office, or mail it to the Town of Denton, Attn: Citizen Complaint, 4 N. 2<sup>nd</sup> 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 EMPLOYEES 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 \_\_\_\_\_

### DEPARTMENT USE ONLY

Town of Denton  
4 N 2<sup>nd</sup> St. Denton, MD 21629  
www.dentonmaryland.com

Citizen Complaint – Town Employee Form  
Last Form Update 12/17/2025

## TOWN OF DENTON

To be completed by the Supervisor/Department Head/Town Administrator 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: