

KNOX REGIONAL COMMUNICATIONS CENTER

301 Park Street
Rockland, ME 04841
207.594-0677
www.knoxcountymaine.gov
rcoombs@knoxcountymaine.gov

Citizen Complaint Form

Employee's Name: (if known)		Control Number:	
Complainant's Name:	Home Address:	Home Telephone:	
	Mailing Address (if different):	Cell Phone:	
Witnesses / Other Complainants:	Home Address:	Home Telephone:	
	Mailing Address (if different):	Cell Phone:	
Date & Time of Incident:	Location of Incident:		
Details of the Complaint:			

Details of the Complaint (Cont.'d – Page 2):
Please sign page 3 when completed

Large empty rectangular area for the main content of the form.

Name of the Person Assisting:	Signature of Complainant:
Reason for Assistance:	Date & Time:

Please email completed form to Communications Director Robert Coombs at rcoombs@knoxcountymaine.gov or mail it to him at:
Knox Regional Communications Center 301 Park Street, Rockland, ME 04841.

AFFIRMATION

I, _____, do hereby affirm that the foregoing information provided by me is true and correct to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations made by me, either orally or in writing to any person(s) investigating this complaint may subject me to civil prosecution.

I realize that it may become necessary during the investigation of this complaint for me to meet with representatives of the Knox Regional Communications Center to discuss this complaint, either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative proceeding as a result of my complaint, my testimony before these hearings may be required. I agree to make myself available as a witness before either of the aforesaid bodies, upon request by the Director and/or his designee.

Dated: _____ Signature of Complainant: _____