



**INSTRUCTOR COMPLAINT**

**FORM 28**

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1. OFFICER'S NAME (COMPLAINT FILED AGAINST):

\_\_\_\_\_

Last

First

2. DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM-PM

3. LOCATION OF TRAINING: \_\_\_\_\_

\_\_\_\_\_

4. COURSE: \_\_\_\_\_

5. NAME (S) OF OTHER INSTRUCTORS PRESENT?

\_\_\_\_\_

\_\_\_\_\_

6. WAS ANYONE INJURED? PROVIDE DETAILS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

