

DeKalb County Fire Department
Record of Complaint Investigation

Date Complaint Filed: _____

Complainant Filed By: _____

Nature of Complaint: _____

Details of Complaint: _____

Action Taken: _____

Officer(s)/Executive Committee Administering Disciplinary Action:
(for termination or suspension more than 1 month, Executive Committee must
approve the disciplinary action)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Disposition Date: _____

Signature of Firefighter (optional): _____

Date: _____