

**Minority Community Police Relations Task Force
Sub Committee Report**

Committee Members:

Chair: _____

APD Representative: _____ Date: _____

Case Name: _____ Agency Case # _____

Nature of Complaint or Concern: (Attached) (Yes- Y/ No – N)

Complainant reported this incident? (Y / N) Agency: _____

Arrest Made/Citation Issued? (Y / N)

Has This Matter Been Completely Adjudicated? (Y / N)

Is the complainant represented by an Attorney?

Has complainant received the findings or conclusion from agency? (Y / N)

Is the complainant willing to share those findings? (Y / N)

Does the complainant wish to be present for the discussion of their incident? (Y / N)

Committee Summary:

Committee Recommendations:

Dated

Chair