ROCKY POINT FIRE & EMS

*25600 Rocky Point Road-Klamath Falls, OR 97601*

****

***Fire Chief Board Members***

*Diann Walker-Pope Bruce Harp*

*Ph: 541-356-2100 Pat O Shay*

*Fax: 541-356-2340 David Carpenter*

*Chief@rpfire .com Theresa Peterson*

***PERSONNEL COMPLAINTS***

Rocky Point Fire Station and EMS considers its relations with the community to be of great importance and encourages everyone to express their opinions regarding the performance, professionalism, and conduct of our employees. To achieve this goal, it is important that all complaints against members of the department to be thoroughly investigated. We want to know when our service needs to be improved, and to provide a means for members of the community to notify us of grievances against departmental members.

The following is information on how to make a formal complaint and answers some commonly asked questions about our procedures.

**IN WHAT FORM MAY I MAKE MY COMPLAINT?**

Complaints are accepted in writing, and in person. In making a complaint, please use the attached Personnel Complaint form. You may take the form to Rocky Point Fire and EMS and/or mail the form to:

**Rocky Point Fire and EMS**

**25600 Rocky Point Road**

**Klamath Falls, OR 97601**

**Attention Fire Chief and/or Board of Directors**

**WHO WILL INVESTIGATE MY COMPLAINT?**

Complaints can be handled by the Fire Chief and/or Board of Directors. Complaints can be made in person during normal business hours at Rocky Point Fire and EMS Administrative Office at 25600 Rocky Point Road, Klamath Falls, OR 97601. If this is impractical, you may call Rocky Point Fire and EMS at 541-356-2100. The Fire Chief will take information regarding the complaint and forward it to the Board of Directors if appropriate. Written complaints will also be accepted.

Please use the attached “Personnel Complaint Form.” Upon receipt of the written complaint, the Fire Chief or a member of the Board of Directors may interview you.

**IF I WRITE MY COMPLAINT, WHY DO YOU WANT TO TALK TO ME?**

The department wants to do a complete investigation of all sincere complaints.

Department employees are also interviewed, which can lead to a version of events that varies from what is written by a complainant. Fairness to both sides requires that involved parties and witnesses also be interviewed in an attempt to ascertain the truth. Certain facts, recollections, or evidence not originally considered by the complainant could be vital in determining the facts of the incident.

**WHAT WILL HAPPEN TO THE DEPARTMENTAL EMPLOYEE?**

That will depend on what (if anything) the employee did wrong. If the actions were criminal, the employee will be dealt with like any other civilian. If the behavior was improper, but not criminal, the employee may be disciplined by the Fire Chief to the degree warranted by the individual situation. Disciplines can range from reprimands through suspension to termination.

**WILL I BE INFORMED REGARDING THE OUTCOME OF THE INVESTIGATION?**

**Yes, you will receive written correspondence from the department within 30 days of the disposition of the case.**

**This Supersedes any previous policies of complaints…..4/11/2022**

**Signed. Secretary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONNEL COMPLAINT FORM**

**NAME OF COMPLAINANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
DATE REPORTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
DATE/TIME OF INCIDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
LOCATION OF INCIDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF INVOLVED EMPLOYEE(S) IF KNOWN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME/ADDRESS/PHONE NUMBER OF WITNESS(ES):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMARY OF COMPLAINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMARY OF COMPLAINT CONTINUED:  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please sign and date this complaint form and return it to us, so we can proceed with the investigation.

By signing this form, I certify that the statements contained in it are true and correct to the best of my knowledge and belief.

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**