CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION:		
Name: (Last) (First) (Middle)		
Address:		
Telephone Number: Home ( ) -	**Work ( ) -**	
INCIDENT INFORMATION:		
Date: / /	**Time: : a.m./p.m.**	**Number of Employees Involved:**
Location:		

DESCRIPTION OF COMPLAINT: (BE DETAILED - Use additional paper if necessary)

WITNESS INFORMATION:
Name: (Last) (First) (Middle) **Address:** **Telephone Number: Home ( ) - Work ( ) -**
Name: (Last) (First) (Middle) **Address:** **Telephone Number: Home ( ) - Work ( ) -**
Name: (Last) (First) (Middle) **Address:** **Telephone Number: Home ( ) - Work ( ) -**
Name: (Last) (First) (Middle) **Address:** **Telephone Number: Home ( ) - Work ( ) -**

EMPLOYEES INVOLVED: (If known)		
Name: (Last)	(First)	(I.D. Number)
Name: (Last)	(First)	(I.D. Number)
Name: (Last)	(First)	(I.D. Number)
Name: (Last)	(First)	(I.D. Number)

Complainant's Signature: _____ Date: / /

Name of Police Department employee to whom this Complaint Form is given:

_____ Date: / /

Distribution: Original – Deputy Chief, Copy - To Complainant as receipt