

**POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

INCIDENT INFORMATION

Date of Incident: _____ Location of Incident: _____

Time of Incident: _____ Nature/Type of Incident: _____

Officer's Name: _____ Car #: _____

COMPLAINANT INFORMATION

Name (Last, First, MI): _____ Sex: _____ Race: _____

DOB: _____ SSN: _____ Written Statement: ☐ Yes ☐ No Taped Statement: ☐ Yes ☐ No

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Pager: _____ Cell Phone: _____ Employer: _____

_____ Occupation: _____

Employer Address: _____ Phone: _____

WITNESS INFORMATION

Witness #1 Name: _____ Sex: _____ Race: _____ DOB: _____

Address: _____ Phone: _____

Pager: _____ Cellular: _____ Written Statement: ☐ Yes ☐ No Taped Statement: ☐ Yes ☐ No

Witness #2 Name: _____ Sex: _____ Race: _____ DOB: _____

Address: _____ Phone: _____

Pager: _____ Cellular: _____ Written Statement: ☐ Yes ☐ No Taped Statement: ☐ Yes ☐ No

DETAILS

Signature of Complainant: _____ Date: _____

My signature verifies that the information on this report is accurate and true

FOR POLICE DEPARTMENT USE ONLY

OFFICERS INVOLVED

Officer's Name: _____ Car #: _____ Employee #: _____

Officer's Name: _____ Car #: _____ Employee #: _____

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Officer's Name: _____ Car #: _____ Employee #: _____

Officer's Name: _____ Car #: _____ Employee #: _____

RECEIVING OFFICER'S OBSERVATIONS

Complainant Intoxicated or Impaired: ☐ Yes ☐ No

Indicators: ☐ Admission ☐ Odor ☐ Slurred Speech ☐ Blood-Shot Eyes ☐ Other: _____

Other Unusual Behavior: _____

Complainant Injured: ☐ Yes ☐ No Visible: ☐ Yes ☐ No Location/Type of Injury: _____

Photos: ☐ Yes ☐ No Medical Release: ☐ Yes ☐ No Offense Report Attached: ☐ Yes ☐ No

Dispatched Tape Requested: ☐ Yes ☐ No

Initial Actions Taken:

Received By: _____ Date: _____ Time: _____

CHIEF OF POLICE USE ONLY

Officer Advised By: _____ Date: _____ Time: _____

Provided Copy of Complaint: ☐ Yes ☐ No

Assigned to Investigate: _____ Date: _____ Time: _____

Investigation Completed By: _____ Date: _____ Time: _____

Investigation Finding: ☐ Sustained ☐ Not Sustained ☐ Unfounded ☐ Exonerated

Officer Advised of Finding: ☐ Yes ☐ No Date: _____

Disciplinary Action Taken: ☐ Yes ☐ No If Yes, what: _____