

COMPLAINT FORM

Complainant Information:

Name: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: () _____ Phone 2: () _____

Cell: () _____ E-mail Address: _____

Incident information:

Day: _____ Date: _____ Time: _____ AM () PM ()

Location: _____
(Address or other location, city, county and state)

Witnesses to this incident (If known):

Name: _____ Address: _____

Phone: () _____ E-Mail Address: _____

Name: _____ Address: _____

Phone: () _____ E-Mail Address: _____

Name: _____ Address: _____

Phone: () _____ E-Mail Address: _____

Employee(s) or Officer(s) involved in this incident:

Name: _____ Badge # _____

Agency: _____

Name: _____ Badge # _____

Agency: _____

Were you given a citation or arrested? Yes _____ No _____

If "Yes", what is the citation or case number: _____

This area is for Department Use Only

Classification: ___IC ___PC ___CBP ___CC Date: _____

Investigating supervisor: _____

Disposition: ___S ___NS ___E ___U ___W ___M Date: _____

Description of Incident. Please describe in detail what happened, including any statements made and the nature of your complaint. Use additional pages if necessary.

What is your desired outcome for this situation?

I verify under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____ 20 ____.

Name: (printed) _____

Signature: _____