



POLICE DEPARTMENT

Complaint Form

Contact Information

Name:		Primary phone:	
Address:		Secondary phone:	
City:	State:	Zip:	Email:

Incident Information

(The information does not have to be complete. Please fill in as much information as possible to assist with processing the complaint.)

Date and time:	Name of PD staff:
Location:	Nature of complaint:

Brief Narration of Incident

--

The foregoing statement is true to the best of my knowledge and belief.

Signature

Date

Witness signature

Date