

COMPLAINT FORM

DESCRIPTION OF INCIDENT: _____

LOCATION OF INCIDENT: _____

WHEN INCIDENT OCCURRED: _____
(Time) (Date)

COMPLAINANT NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: ___ / ___ / ___

YOUR PHYSICAL ADDRESS: _____

PHONE# _____
Home cell/work

DO YOU WANT OFFICER CONTACT? YES/NO (please circle)

WHEN WILL YOU BE AVAILABLE FOR CONTACT? _____

DESCRIBE THE INCIDENT:

DO YOU HAVE SUSPECT INFORMATION YES/NO (please circle)

If YES PLEASE DESCRIBE:

RECEIVED BY: _____