

# 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: \_\_\_\_\_