CITIZEN COMPLAINT

Name (L,F,MI) DOB: AGE:

Home Address:

Home Phone: Work Phone: EXT: Cell Phone:

Best time to contact me: Phone Number:

Date, Time, Location Of Incident:

NATURE OF COMPLAINT: (If officer's name is unknown, use badge #, and/or physical description:

DATE

SIGNATURE OF COMPLAINANT

SIGNATURE OF PARENT (If you are under 18 years of age.)

233ADM (04/06)

Excel-Admn