

CIVILIAN COMPLAINT REPORT

Number: _____

Date of Incident	Time of Incident	Date Reported	Time Reported	Location of Incident
Complainant's Name		Address		Phone Number
Employer		Address		Phone Number
Name of Person Assisting Complaint		Address		Phone Number
Name of Department members Complaint is filed against (if unknown, provide description of officer and type of duty performed):				
Name				
Description of officer (if name unknown):				
Name of Witnesses (if unknown, provide whatever information you can that might help in locating witnesses):				
Name		Address		Phone Number
Name		Address		Phone Number

DETAILS OF COMPLAINT (Use reverse side of form if necessary):

<p>I hereby declare under penalty of subscribing to a false written statement that the foregoing is true and correct.</p> <p>By _____ Complainant's Signature</p> <p>_____ Date and Time Signed</p>	<p>Subscribed and Sworn Before Me This</p> <p>_____ day of _____</p> <p>_____ Signature of Sergeant or Above</p>
---	--