



Citizen Complaint Form

Complainant's Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____ Ext: _____
 Cellular Phone: _____
 E-mail Address: _____
 Sex: Male Female
 Did you witness the incident: Yes No

If you are filing this complaint on behalf of someone else, please provide this person's information below.

Parent Spouse Relative Guardian Child Friend Other _____
 Name: _____ Date of Birth _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____ Ext: _____
 Cellular Phone: _____
 E-mail Address: _____
 Sex: Male Female

WITNESS 1

Name: _____
 Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____ Ext: _____
 Cellular Phone: _____
 E-mail Address: _____
 Sex: Male Female

WITNESS 2

Name: _____
 Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____ Ext: _____
 Cellular Phone: _____
 E-mail Address: _____
 Sex: Male Female

Please provide a detailed description of the police officer(s) against whom you are complaining.

OFFICER 1:

Rank: _____ Name: _____

Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car:[]?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

OFFICER 2:

Rank: _____ Name: _____

Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car:[]?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident: _

How would you like this incident resolved?

Do you have any evidence that supports your complaint? If so please explain.

Please check [] below which offense (s) best fits your complaint.

- Commission of a Crime
- Conduct Unbecoming an Officer
- Illegal Arrest
- Denial of Medical Treatment
- Discourteous Attitude
- Excessive Force After Arrest
- Excessive Force During Arrest
- Excessive Force Without Arrest
- Failure to Provide Medical Attention
- Harassment
- Illegal Search and Seizure
- Illegal Search During Arrest
- Neglect of Duty
- Profane Language
- Traffic Complaint
- Violation of the Code of Conduct
- Civil Rights Violation

Was there an arrest made in this case? Yes / No (If yes explain what charges and who was arrested)_____

I have read (or have had read to me) the above statement and it is true to my best of my knowledge, information and belief.

Complainant Signature: _____
(Print Name): _____

Witness Signature: _____
(Print Name): _____

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For Office Use Only:

Officer Receiving Complaint Form:_____ Date:_____

Officer Assigned:_____ Date:_____

Date of Final Report:_____

Findings forwarded to:_____

