

Complainant

Last Name		First Name		MI
Email			Phone	
Do you wish to be contacted by the police investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If No, are you willing to be contacted by the person who you reported the complaint to? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Incident

Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location		

Officer(s)

Officer 1 Name (If known)	Officer 1 Badge # (If known)
Officer 1 Physical Description (If Name/Badge # Unknown)	
Officer 2 Name (If known)	Officer 2 Badge # (If known)
Officer 2 Physical Description (If Name/Badge # Unknown)	
Officer 3 Name (If known)	Officer 3 Badge # (If known)
Officer 3 Physical Description (If Name/Badge # Unknown)	

Complaint Type

<input type="checkbox"/> Discourtesy	<input type="checkbox"/> Bias	<input type="checkbox"/> Unprofessional Conduct	<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Violation of Civil Rights	<input type="checkbox"/> Other
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Description of Incident (To include witness information if available)

Complainant Signature	Date
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Received By

Last Name	First Name	Office	Date
Email		Phone	