

WITNESS INFORMATION:				
Name:	(Last)	(First)	(Middle)	
Address:				
Telephone Number: Home ()		-	Work () -	
Name:	(Last)	(First)	(Middle)	
Address:				
Telephone Number: Home ()		-	Work () -	
Name:	(Last)	(First)	(Middle)	
Address:				
Telephone Number: Home ()		-	Work () -	
Name:	(Last)	(First)	(Middle)	
Address:				
Telephone Number: Home ()		-	Work () -	
EMPLOYEES INVOLVED: (If known)				
Name:	(Last)	(First)	(I.D. Number)	
Name:	(Last)	(First)	(I.D. Number)	
Name:	(Last)	(First)	(I.D. Number)	
Name:	(Last)	(First)	(I.D. Number)	

Complainant's Signature: _____ **Date:** / /

Name of Police Department employee to whom this Complaint Form is given:

_____ **Date:** / /

Distribution: Original – Deputy Chief, Copy - To Complainant as receipt