



Date (month/day/year)	Police Call Number
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Name of Aggrieved Person	Home Address	Home Phone
Place of Employment	Work or School Address	Work or Cell Phone
Date of Birth (month/day/year)	Social Security Number	Email Address
Name of Officer	Badge Number	Rank
Location of Incident	Date of Incident (month/day/year)	Time of Incident
Description of Officer (Only if name is unknown)		

**Nature of Complaint** (In your own words describe everything necessary for the complete investigation of your complaint)

**WARNING:** Intentionally and knowingly making, or causing to be made, a false report of a crime to police is punishable by imprisonment for one year in jail or house of correction. Further, this written statement is signed under the penalty of perjury. This complaint form must be signed and returned to the Department of Police Services within 30 days.

Name of Witness 1 (if any)	Complete Address	Phone
Name of Witness 2 (if any)	Complete Address	Phone
Signature of Aggrieved Person	Adult witness if Aggrieved is a Minor	
Date and Time Received by Department	Signature of Receiving Officer	