## Citizen Complaint of Police Action

Name:	Date:	Time:
(First, Mi. Last)		
Address:		_Phone:
Name (s) of Officer (s) involved (if Known)		
State what you feel was wrong:		
State the reason for your concern:		
Witness Name:	Address:	
Relationship:	Phone:_	
Witness Name:	Address:	
Relationship:	Phone:_	
Are you directly connected with the incident:	Yes No	
If no, explain your involvement or concern:		
Details of Complaint (use back if needed):		
What do you feel should be done:		
Thank you for your inquiry, a normal	investigation tal	ces about 30 days:
Complainants Signature	<u> </u>	Date
Supervisor		Date

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Additional Remarks:	
DO NOT WRITE	BELOW THIS LINE
This complaint has been: Resolved 🗌 For	warded for Investigation
Complaint Received Date	Time:
Assigned – Investigating Officer / Supervisor	Date
Received for investigation: Date:	Time:
Investigation Completed: Date:	Time:
Disposition: Unfounded   Exonerate	d: Not Sustained Sustained
Signature of investigating officer:	Date:
If sustained, Action recommended:	
Letters sent: Acknowledged: Date: Exonerated: Date: Sustained Date:	Unfounded Date: Not Sustained Date:
Approved Disapproved	Dato