



OFFICER COMPLAINT FORM

Complainant Information:

Last Name First Name MI DOB

Address City State Phone # Email

Incident Information:

Date Time Location of Incident

Officer Name/Badge Number Physical Description of Officer

Complaint Description:

I, _____, affirm the foregoing information provided by me is true and complete to the best of my knowledge and belief. I am aware that it is a violation of state law to knowingly provide false information to a law enforcement officer.

Signature of Complainant

Date

Received By

Date

Time