Citizen Complaint Form

Home Address: ______________________________________ City: ______________________________________

State: ___________ Phone# _(_____)_________________

Business Name: ____________________________ Business Address: ______________________________________

City: ________________________________ State: ____________  Phone# _(_____)_________________

Date & Time of the incident that you are complaining about:

__________________________________________________ AM/PM

Name and/or Identification number of the Employee(s) you have a complaint against:

Nature of Complaint:

Witnesses: (Please provide names, addresses, and phone numbers for each)

Details of Incident (please give as much detail as possible)

(Note: If more space is required, attach complaint supplement form)

________________________________________    Date/Time _____________________ AM/PM

Complainant’s Signature  Officer Receiving Complaint: ______________________ ID# _________

[For Administrative use only] Complaint Tracking Number: ______________________

Assigned to: ______________________ Date:

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