



**CITIZEN COMPLAINT FORM**

DATE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

WITNESS NAME (IF ANY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**NATURE OF COMPLAINT (continue on reverse side if necessary)**

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I, (Complainant's Printed Name) \_\_\_\_\_, do hereby swear or affirm that the factual allegations made by me in this Citizen's Complaint are, to the best of my knowledge and belief, true and based on fact.

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE