

**SMITHVILLE POLICE DEPARTMENT
CITIZEN COMPLAINT REPORT
FOR OFFICIAL USE ONLY**

TIME and DATE OF OCCURRENCE		LOCATION OF OCCURRENCE		TICKETS OR REPORT NUMBERS, ETC	
COMPLAINANT'S NAME LAST FIRST		SEX	DATE OF BIRTH		
HOME ADDRESS		CITY	STATE	ZIPE CODE	HOME PHONE NUMBER
EMPLOYER'S NAME					WORK PHONE NUMBER
CO-COMPLAINANT'S NAME LAST FIRST		SEX	DATE OF BIRTH		
HOME ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE NUMBER
EMPLOYER'S NAME					WORK PHONE NUMBER
NAME OF POLICE DEPARTMENT MEMBER COMPLAINED OF (If unknown, provide description of officer and type of duty performed, e.g., patrol, detective, etc.)			BADGE OR SERIAL NUMBER	ELEMENT OF ASSIGNMENT	
NAME OF WITNESS(ES)		ADDRESS		RELATIONSHIP	TELEPHONE NUMBER

PLEASE PRINT DETAILS OF COMPLAINT *(Use reverse side of form or additional sheets if more space is required.)*

I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making false declarations to public servants or untrue statements under oath or affirmation are punishable by law as a felony or misdemeanor. I also understand that a signature is needed prior to the complaint being assigned for investigation.

SIGNATURE OF COMPLAINANT _____

SIGNATURE OF CO-COMPLAINANT _____

DEPT. MEMBER RECEIVING COMPLAINT

RANK _____ SIGNATURE _____ BADGE # _____ DATE _____ TIME _____