



## Local Law Enforcement Complaint Information Collection Form

The template provided is primarily an information collection tool designed to help you organize and prepare a complaint against law enforcement personnel. This form aims to assist you in gathering all relevant details and evidence related to the incident in question, such as personal information, incident specifics, officer details, and your desired outcome.

It's important to note that this template is not an official complaint form and does not replace the specific forms required by local law enforcement agencies. Each agency may have different requirements and its own official forms for filing complaints. By compiling all the necessary information beforehand using this template, you can streamline the process of filling out the official forms required by your local agency.

This preparatory step ensures that you have all pertinent information readily available, which can be crucial for a thorough investigation of your complaint. It also minimizes the chances of omitting important details that could impact the outcome of your case. Always check with the specific law enforcement agency to understand their particular requirements and obtain their official complaint forms. This preparation can significantly enhance the efficiency and effectiveness of the complaint process. It is best to fill this out as soon as possible while events are still fresh.

### Local Law Enforcement Complaint Form

Section	Details
<b>Personal Information</b>	<b>Name:</b> [Your Full Name]
	<b>Address:</b> [Your Address]
	<b>Phone Number:</b> [Your Phone Number]
	<b>Email:</b> [Your Email Address]
<b>Incident Details</b>	<b>Date of Incident:</b> [MM/DD/YYYY]
	<b>Time of Incident:</b> [Time]
	<b>Location of Incident:</b> [Specific Location]
	<b>Officer(s) Involved:</b> [Name(s) and Badge Number(s) if available]
<b>Type of Incident</b>	<input type="checkbox"/> Arrest
	<input type="checkbox"/> Traffic Stop
	<input type="checkbox"/> Use of Force
	<input type="checkbox"/> Officer Involved Shooting
	<input type="checkbox"/> Job Related Dishonesty

Section	Details
	[ ] Officer Involved Sexual Assault
	[ ] Other (Please specify): _____
<b>Description of Incident</b>	[Provide a detailed account of the incident, including what led up to the situation, the behavior of the officer(s), and any witnesses or evidence such as photos or videos.]
<b>Witness Details</b>	<b>Name(s) and Contact(s):</b> [List names and contact information for any witnesses]
	<b>Statements:</b> [Include summaries or full statements if available]
<b>Evidence</b>	<b>Photos/Videos/Audio:</b> [Details of any evidence collected]
	<b>Physical Evidence:</b> [Details of any physical evidence retained]
<b>Medical and Police Reports</b>	<b>Medical Reports:</b> [Details of any medical reports if applicable]
	<b>Police Report Number:</b> [If a report was filed, provide the reference number]
<b>Action Taken</b>	[ ] Have you reported this incident to another agency?
	- If yes, which agency and when?
	[ ] Is there a summons or arrest associated with this incident?
	[ ] Does this complaint involve the death of a civilian?
<b>Desired Outcome</b>	[Describe what resolution you are seeking or what action you hope the agency will take.]
<b>Impact Statement</b>	[Describe any personal, physical, psychological, or financial impacts the incident has had on you.]
<b>Signature</b>	[Your Signature] [Date]
<b>Submission Instructions</b>	- Please return this completed form to the address below, or submit it online if available:
	[Agency Address]
	[Agency Email]
	[Agency Website]