

# Police Complaint Form

Please fill out the form below to submit your complaint to the police department. All information provided will be kept confidential.

## Complainant Information

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Incident Details

- Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_
- Location of Incident: \_\_\_\_\_
- Names and/or Badge Numbers of Officers Involved (if known):  
\_\_\_\_\_
- Description of Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Witnesses

- Name(s) and Contact Information of Witnesses (if any):
- \_\_\_\_\_
- \_\_\_\_\_

## Additional Information

- Supporting Documents Attached: Yes / No

## Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_