

# Weathersfield Township Police Department Citizen Complaint Form

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of Incident and reason for Complaint. Please include details.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Officer(s) involved: \_\_\_\_\_

Date, Time, and Location: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_