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| CITIZEN COMPLAINT REPORT | | | | | | | | | |
|  |  |  | Claycomo Police Department  115 E. U.S. 69 Hwy Claycomo, MO | | | | | | Instructions: Complete this  report anytime that a citizen has a complaint about a member(s) of the Department. After completion, forward this fom to the Office of the Chief of Police. |
| Date of Report | | | Time Taken | | Reporting Employee | | | | |
| Complainant Name | | | Complainant Home Address | | | | | | |
| Home Telephone | | | Complainant Business Address | | | | | | |
| Complaint Received  Telephone  Walk-in  Other | | | Business Telephone | | | | Date of Birth | | |
| Date of Incident | | | | Time of Incident | | |
| Incident Location | | | | | | |
| Name(s) of Officer or Employees Involved | | | | | | | | | |
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|  | | | | | |  | | | |
| Description if Name Unknown: Race Sex Age Hgt wgt | | | | | | | | | |
| Clothing Attire | | | | | | | | | |
| Vehicle Number and/or Description | | | | | | | | | |
| Witness Name | | | | Address | | | | Phone/Res: | |
| Witness Name | | | | Address | | | | Phone/Res: | |
| Witness Name | | | | Address | | | | Phone/Res: | |
| Nature of Complaint | | | | | | | | | |
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| I do hereby affimn that the above information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, either orally or in writing, to any person or persons investigating this complaint will subject me to criminal and/or civil prosecution. I fully realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of Claycomo Police Department to discuss this complaint. I agree that should any Administrative Hearing or Court proceedings result from the investigation of my complaint, to make myself available to present testimony at such hearing if requested to do so. | | | | | | | | | |
| Signature | | | | | Date | | | Witness | |

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| CITIZEN COMPLAINT REPORT (Contined) |
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