



Citizen Complaint

Date of Report:	Time of Report: Hours	Report/Complaint Take by:
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Complainant Name (Last, First, Middle):	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian <input type="checkbox"/> Other
Home Address:				Home Phone:
Work Address:				Work Phone:

Accused Employee Name:	Badge No:	Division:	Assignment:
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Date of Occurrence:	Time of Occurrence: Hours	ICR:	Location of Occurrence:
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Witness Name:	Address:	Phone:
Witness Name:	Address:	Phone:
Witness Name:	Address:	Phone:

Complaint Allegations: