

YOUR NAME					
Name:			Birth Date:		Complaint #:
Address:			Home Phone:		Work / Mobile Phone:
Incident Location:		Incident#:	Case#:	Date:	Time:
ANY WITNESSES:		Address:		Home Phone / Cell Phone	
INVOLVED POLICE OFFICER OR EMPLOYEE:			Badge / DPSST #:	Description:	Other Identifier:
WHAT HAPPENED? -DETAILS OF YOUR COMPLAINT:					
Would you like to attach a written statement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SIGNATURE:				Date:	Time: