

Yates City Police Department Citizen Complaint Form

Name

DOB

Telephone_

Address

City

State/Zip

Complaint on Behalf of: Self

Other

Name:

Location of Incident

Date Occurred

Time Occurred

Officer

Complaint Narrative: Please be specific, and provide any witness information. (Additional space available on page 2)

I request a thorough and complete investigation be made of this complaint and agree to cooperate fully in the investigation, including giving written statements if necessary. I further understand if the investigation proves this allegation to be intentionally false or made with reckless disregard for the truth, I may be prosecuted criminally or civilly.

“To the best of my knowledge and belief, all statements I have made on this document are true and correct.”

Signature:

Date:

For Office Use Only

Complaint #_

Received by:

Date:

Time:

Complaint Resolved

Supervisor:

PLEASE RETURN THIS DOCUMENT TO THE YATES CITY POLICE DEPARTMENT