

Name: _____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: () _____ Phone 2: () _____

Cell: () _____ E-mail Address: _____

Day: _____ Date: _____ Time: _____ AM () PM ()

Location: _____
(Address or other location, city, county and state)

Name: _____ Address: _____

Phone: () _____ E-Mail Address: _____

Name: _____ Address: _____

Phone: () _____ E-Mail Address: _____

Name: _____ Address: _____

Phone: () _____ E-Mail Address: _____

Name: _____ Badge # _____

Agency: _____

Name: _____ Badge # _____

Agency: _____

Were you given a citation or arrested? Yes _____ No _____

If "Yes", what is the citation or case number: _____

Classification: ___IC ___PC ___CBP ___CC Date: _____

Investigating supervisor: _____

Disposition: ___S ___NS ___E ___U ___W ___M Date: _____

Please describe in detail what happened, including any statements made and the nature of your complaint. Use additional pages if necessary.



Executed on this _____ day of _____ 20 ____

Name: (printed) _____

Signature: _____