



Citizen's Complaint Questionnaire

Date & Time	Last Name	First Name	MI
Home Address	City/State/Zip Code		Home/Cell Phone #
Work Address	City/State/Zip Code		Work Phone #
Date & Time of Incident	Location of Incident		
Employee/Officer Name(s)			
List Any Evidence (Photographs, Video, Etc.)			
Witness Name	Address & Phone Number		
Witness Name	Address & Phone Number		
Witness Name	Address & Phone Number		

