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	er		

Please Describe Circumstances (use additional pages as necessary)					
Signature	Date				