NORTH COUNTY POLICE COOPERATIVE
CITIZEN COMPLAINT FORM

Date and Time _____

I. COMPLAINANT

Name _____ Age _____ Sex _____

Home Address_____ Phone No. _____

Business Address_____ Phone No. _____

II. EMPLOYEE INVOLVED IN COMPLAINT

Name _____ Rank _____ DSN _____

Assignment _____

III. COMPLAINT

Date and Time of Incident: _____

Location of Incident: _____

Nature of Complaint: _____

Statement of Complaint:

_____

_____

_____

_____

_____

(Use Continuation if Necessary)

Signature of Complainant_____Date _____

(CONTINUATION)

Signature _____

(CONTINUATION)

Signature _____