

Complaint Form

Responsible Party									
Last Name		First Name		Ν	11	DOB		Age	
Address				С	ity			State	
Email			Phone						
		Incident Det	ails						
Date	Tim			AM D PM Incident #					
Location									
Officer Involved									
Name				Call	sign				
Physical Description									
Detail of the Complaint									
What action do you seek to be taken									
 76-8-504. Written false statement. A person is guilty of a class B misdemeanor if: He makes a written false statement which he does statements made therein are punishable; or With intent to deceive a public servant in the perfor Makes any written false statement which he Knowingly creates a false impression in a witherein from being misleading; Complainant Signature 	rmanc e does	e of his official function, he: s not believe to be true; or		-					

	Dessived Dy						
Received By							
Last Name	First Name	Rank	Date				