

## **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									
<ul> <li>76-8-504. Written false statement.</li> <li>A person is guilty of a class B misdemeanor if: <ol> <li>He makes a written false statement which he does statements made therein are punishable; or</li> <li>With intent to deceive a public servant in the perfor <ol> <li>Makes any written false statement which he</li> <li>Knowingly creates a false impression in a witherein from being misleading;</li> </ol> </li> <li>Complainant Signature</li> </ol></li></ul>	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				