



Chief's Review []
Public Complaint []

LAST NAME:	FIRST NAME & INITIALS:
HOME ADDRESS:	DATE/TIME REPORTED:
TELEPHONE: HOME ()	TELEPHONE: BUSINESS ()

CIRCUMSTANCES OF COMPLAINT

DATE:	TIME:	LOCATION:
SUMMARY OF INCIDENT:		OCC #:

WITNESS (CIVILIAN, POLICE)

NAME	D.O.B.	ADDRESS/STATION/DETACHMENT/POLICE SERVICE	TELEPHONE NO.

POLICE OFFICER(S) (SUBJECT OF COMPLAINT)

NAME:	BADGE #	POLICE SERVICE

SPECIFIC ALLEGATION(S) OF MISCONDUCT						
1)						
2)						
3)						
4)						
5)						
DETAILS OF INJURIES SUSTAINED FROM COMPLAINT INCIDENT:						
PHOTOGRAPHS TAKEN [] YES [] NO		BY WHOM:	BADGE #	POLICE SERVICE:	DATE/TIME:	LOCATION:

DIARY DATES

DATE:	COMMENTS:	SIGNATURES

Signature

Date