

GURLEY POLICE DEPARTMENT

REPORT OF CITIZEN COMPLAINT

(Date of Report) (Time of Report) PHONE IN PERSON LETTER

(Name of Complainant) Age D.O.B. Race Sex

Home Address (Include City & State) Zip Code Phone

Business Address (Include City & State) Zip Code Phone

Dr. Lic. or S.S. Was the complainant charged with an offense in this incident? _____
Offense _____ (Y or N)

(Name of Employee Involved in Incident) (Race) (Sex) (DOB) (Emp. #) (Assignment)

COMPLAINT ALLEGATIONS

Date of Incident Time Location of Incident

Statement of Complainant (Use additional sheet, if needed)

Signed: _____
Signature of Complainant

Signed: _____
Signature of Supervisor taking complaint Emp.#

