

Wytheville Police Department



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CIVILIAN COMPLAINT REPORT FORM

INSTRUCTIONS FOR COMPLAINANT: Prepare this report in your own handwriting.

Complainant's Name	Address	Telephone Number
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Employer's Name	Business Address	Occupation	Telephone Number
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Time and Date Reported:	Location Where Received:
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Complaint Made: _____

In-Person	Mail	Telephone Number
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Representative/Interpreter	Person Assisting	Address	Telephone Number
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Name of member/employee complained of and ID Number (if known, provide description of member/employee and type of duty performed, e.g.: foot, auto, etc.)

Time and Date of Occurrence	Location of Occurrence
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Name of Witness	Address	Relationship	Telephone Number
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Details of complaint: (In your own handwriting, a brief story of what happened. Use reverse side of form or a separate piece of paper if more space is required.)

Rank
Signature of Supervisor

Signature of Complainant

Signature of Person Assisting
Complainant